

# 15 DAYS TO SLOW THE SPREAD

Listen to and follow the directions of your **STATE AND LOCAL AUTHORITIES**.

**IF YOU FEEL SICK**, stay home. Do not go to work. Contact your medical provider.

**IF YOUR CHILDREN ARE SICK**, keep them at home. Do not send them to school. Contact your medical provider.

**IF SOMEONE IN YOUR HOUSEHOLD HAS TESTED POSITIVE** for the coronavirus, keep the entire household at home. Do not go to work. Do not go to school. Contact your medical provider.

**IF YOU ARE AN OLDER PERSON**, stay home and away from other people.

**IF YOU ARE A PERSON WITH A SERIOUS UNDERLYING HEALTH CONDITION** that can put you at increased risk (for example, a condition that impairs your lung or heart function or weakens your immune system), stay home and away from other people.



For more information, please visit  
**CORONAVIRUS.GOV**

# DO YOUR PART TO SLOW THE SPREAD OF THE CORONAVIRUS

Even if you are young, or otherwise healthy, you are at risk and your activities can increase the risk for others. It is critical that you do your part to slow the spread of the coronavirus.

Work or engage in schooling **FROM HOME** whenever possible.

**IF YOU WORK IN A CRITICAL INFRASTRUCTURE INDUSTRY**, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule. You and your employers should follow CDC guidance to protect your health at work.

**AVOID SOCIAL GATHERINGS** in groups of more than 10 people.

Avoid eating or drinking at bars, restaurants, and food courts — **USE DRIVE-THRU, PICKUP, OR DELIVERY OPTIONS.**

**AVOID DISCRETIONARY TRAVEL**, shopping trips, and social visits.

**DO NOT VISIT** nursing homes or retirement or long-term care facilities unless to provide critical assistance.

## **PRACTICE GOOD HYGIENE:**

- *Wash your hands, especially after touching any frequently used item or surface.*
- *Avoid touching your face.*
- *Sneeze or cough into a tissue, or the inside of your elbow.*
- *Disinfect frequently used items and surfaces as much as possible.*

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School operations can accelerate the spread of the coronavirus. Governors of states with evidence of community transmission should close schools in affected and surrounding areas. Governors should close schools in communities that are near areas of community transmission, even if those areas are in neighboring states. In addition, state and local officials should close schools where coronavirus has been identified in the population associated with the school. States and localities that close schools need to address childcare needs of critical responders, as well as the nutritional needs of children.

Older people are particularly at risk from the coronavirus. All states should follow Federal guidance and halt social visits to nursing homes and retirement and long-term care facilities.

In states with evidence of community transmission, bars, restaurants, food courts, gyms, and other indoor and outdoor venues where groups of people congregate should be closed.



# **Meeting Agenda**

**April 29, 2020**

**(b) (5)**

# CDC WEEKLY KEY MESSAGES

## Coronavirus Disease 2019 (COVID-19) Pandemic

March 22, 2020 as of 11:40pm

This document summarizes key messages about the COVID-19 outbreak and the response. It will be updated and distributed regularly. For the most current information, visit [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19).

All content updated since March 17 is shown in colored text.

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### CORONAVIRUS DISEASE 2019 (COVID-19) NAMING

- The International Committee on Taxonomy of Viruses named the novel coronavirus causing an outbreak of respiratory illness that was first detected in Wuhan, Hubei Province, China, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).
  - Due to potential for confusion with SARS-CoV, where possible, public communications will use “the virus that causes COVID-19.”
- On February 11, 2020, the World Health Organization (WHO) named the disease caused by this virus Coronavirus Disease 2019 (COVID-19).
  - **Disease name:** COVID-19

### OUTBREAK SUMMARY

- There is an expanding outbreak of COVID-19 caused by a novel (new) coronavirus.
  - The outbreak began in China but is spreading worldwide and is now considered a pandemic.



- Initially, many of the patients reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread. Since then, sustained (ongoing) person-to-person spread in the community is occurring in some [international locations](#).
- The newly-emerged COVID-19 is a respiratory disease that seems to be spreading much like flu. It can spread from person to person.
- The new virus can cause illness varying from mild to severe, including potentially resulting in death.
- Outbreaks like this — when a new virus has emerged to infect people and spread between people — are especially concerning.

### International

- Global case numbers are reported by WHO in their [COVID-19 situation reports](#).
  - As of **March 21, 292,142** cases have been **confirmed** worldwide. More than **210,644** of these cases have occurred outside of China.
- On January 30, WHO declared this outbreak a Public Health Emergency of International Concern (PHEIC). A PHEIC is declared if an event poses a public health threat to other nations through the spread of disease and potentially requires a coordinated international response.
- On March 11, 2020, WHO announced that the outbreak of COVID-19 can be characterized as a pandemic.

### Domestic

- On January 31, Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the United States to aid the nation's healthcare community in responding to COVID-19.
- This is a very serious public health threat and the federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat.
- The goal of the ongoing US public health response is to minimize introductions of this virus, detect new cases quickly, and reduce community spread of this new coronavirus in the US.
- As the virus continues to spread internationally and in the United States, it becomes harder and harder contain its spread.
- What is currently known about the potential cases of community spread has raised the level of concern about the immediate threat for COVID-19 for certain communities.
- The coming days and weeks are likely to bring more confirmed cases of COVID-19 in the United States and globally, but strong public health measures now may blunt the impact of the virus in the United States.
- Pandemics of respiratory disease follow a certain progression outlined in the [Pandemic Intervals Framework](#), part of the [National Pandemic Strategy](#).
  - Pandemics begin with an investigation phase, followed by recognition, initiation, and acceleration phases.

- The peak of illnesses occurs at the end of the acceleration phase, which is followed by a deceleration phase, during which there is a decrease in illnesses.
- Different countries can be in different phases of the pandemic at any point in time and different parts of the same country can also be in different phases of a pandemic.
- Nationally, the United States is currently in the initiation phase, but states where community spread is occurring are in the acceleration phase.
- The duration and severity of each phase can vary depending on the characteristics of the virus and the public health response.
- Public health partners are encouraged to review their pandemic preparedness plans at this time. Selected [pandemic preparedness materials are available online](#).
- On March 13, the President of the United States declared the COVID-19 outbreak a [national emergency](#).
- On March 16, the White House announced a program called “[15 Days to Slow the Spread](#).” This is a nationwide effort to slow the spread of COVID-19 through the implementation of social distancing at all levels of society.

## U.S. OUTBREAK STATISTICS

Cases in the United States as of **March 20, 2020**:

- **Travel-related: 337**
- **Close contact: 321**
- **Under investigation: 14,561**
- **Total cases: 15,219**
- **Deaths: 201**
- **Jurisdictions reporting cases: All 50 states, the District of Columbia, Puerto Rico, Guam, and the US Virgin Islands have reported cases of COVID-19**

For global cases, please see the WHO [daily situation reports](#).

## SITUATION IN THE U.S.

- The number of cases of COVID-19 being reported in the United States is rising quickly.
  - This increase is expected given an increase in testing and ongoing rapid spread of disease across communities in the United States.
  - While these numbers are concerning, the increase is not unexpected.
  - More robust data will allow us to better understand and track the size and scope of the outbreak and strengthen prevention and response efforts.
- Different parts of the country are seeing different levels of COVID-19 activity. The United States nationally is currently in the [initiation phase](#), but states where community spread is occurring are in the acceleration phase. The duration and severity of each phase can vary depending on the characteristics of the virus and the public health response.
- [CDC and state and local public health laboratories](#) are testing for the virus that causes COVID-19.
- More and more [states are reporting cases of COVID-19](#) to CDC.
- U.S. COVID-19 cases include:
  - Imported cases in travelers
  - Cases among close contacts of a known case

- Community-acquired cases where the source of the infection is unknown.
- [Twenty-seven U.S. states are reporting some community spread of COVID-19.](#)

## CORONAVIRUS BACKGROUND

- Coronaviruses are a group of viruses that have a halo or crown-like (corona) appearance when viewed under a microscope. They are common in many different species of animals, including camels, cattle, cats, and bats.
- It is rare for animal coronaviruses to become capable of infecting humans and then spreading between people.
  - Severe acute respiratory syndrome (SARS-CoV) and Middle East respiratory syndrome (MERS-CoV) are examples of coronaviruses that originated in animals and spread to people.
  - That is what is suspected happened with the virus that causes the current outbreak of COVID-19.
- Human coronaviruses are a common cause of mild to moderate upper-respiratory illness. But three coronaviruses have emerged to cause more severe illness: Severe Acute Respiratory Syndrome (SARS-CoV), Middle East Respiratory Syndrome (MERS-CoV), and now the virus that causes COVID-19.

## TRANSMISSION

- Much is unknown about how the new coronavirus that causes COVID-19 spreads. Current knowledge is largely based on what is known about similar coronaviruses.
- Most often, person-to-person spread is thought to happen among people in close contact (about 6 feet) with each other.
- Person-to-person spread is thought to occur mainly through respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- How easily a virus spreads person-to-person can vary. Some viruses are highly contagious (like measles), while other viruses are less so.
- It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.
- Typically, with most respiratory viruses, people are thought to be most contagious when they are most symptomatic (sickest).
- Mother-to-child transmission during pregnancy is unlikely, but after birth a newborn is susceptible to person-to-person spread.
- [There is no reason at this time to think that any animals, including pets, in the United States](#) might be a source of infection with the new coronavirus that causes COVID-19.

- On February 28, the Hong Kong Agriculture, Fisheries and Conservation Department (AFCD) reported a pet dog had tested “weak positive” to COVID-19 through nose and mouth samples. The dog had contact with a person infected with COVID-19.
  - CDC is working with human and animal health partners to monitor this situation and will continue to provide updates as information becomes available.
  - It’s important to remember that dogs have their own coronaviruses, which cannot spread to people.
    - [AFCD official report available](#)
- At this time, CDC has no data to suggest that this new coronavirus or other similar coronaviruses are spread by mosquitoes or ticks.
  - Mosquitoes and ticks cannot spread all types of viruses. For a virus to pass to a person through a mosquito or tick bite, the virus must be able to replicate inside the mosquito or tick.
- There is much more to learn about the spread of this new coronavirus, severity of the disease, and other features associated with this outbreak and investigations are ongoing. This information will further inform the [risk assessment](#).

## DIAGNOSIS AND TREATMENT

### Diagnostics

- CDC developed a real time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) test to detect SARS-CoV-2 (the virus that causes COVID-19) in respiratory samples from clinical specimens.
- On January 24, CDC publicly posted the assay protocol for this test.
- CDC submitted an Emergency Use Authorization (EUA) package to the U.S. Food and Drug Administration on February 3 for its test.
- FDA approved the Emergency Use Authorization on February 4.
- The first manufactured batch of CDC test kits were made available for ordering by domestic and international partners through the agency’s [International Reagent Resource \(IRR\)](#) on February 5.
- Upon arrival at public health laboratories, when laboratories began trying to verify the assay, several laboratories reported issues.
  - Specifically, some laboratories found sporadic reactivity in the negative control of one of the three assay components.
  - This sporadic activity resulted in an inconclusive test result.
- Routine quality control (QC) measures aim to identify these types of issues. It is unclear why QC did not detect this issue before the kits were sent out to states.
- On February 18, CDC stood up a new surge laboratory to support testing for COVID-19. This expanded capacity to 350 samples per day
- On February 20, CDC completed contracts with 2 large commercial manufacturers to ensure reagent availability for the public health laboratories

- On February 26, CDC, in conjunction with FDA, determined how to move forward and shared this information immediately with public health labs through the Association of Public Health Laboratories (APHL):
  - CDC is remanufacturing the test kits to ensure that laboratories have effective and reliable kits. The new kits include the two components (e.g., reagents) that are specific to novel coronavirus.
  - Before new test kits were available:
    - States that were able to validate all three assays should continue to test in this manner.
    - States that were able to validate the other two assays (N1 and N2) can test using these two assays.
  - FDA granted CDC “enforcement discretion,” which means that testing in this manner was able to move forward while an updated EUA is officially completed.
  - CDC distributed updated instructions for use through APHL.
- On February 27, CDC distributed new test kits to 7 laboratories to serve as evaluation sites to ensure these health departments are able to verify the assay. An additional 40 test kits were hand-carried to IRR for repackaging and distribution to additional public health labs.
- On February 29, IRR began to distribute new test kits to the additional 40 laboratories.
- [On March 16, FDA reauthorized the EUA for the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel.](#)
- [As of March 21, 91 public health labs are running the CDC test, representing all 50 states, as well as the District of Columbia, Guam, and Puerto Rico.](#)
- Commercial manufacturers are now producing their own tests.
- As of [March 22](#), CDC has tested over [4,607](#) samples.
- [Overall, CDC and public health labs have tested 71,870 samples as of March 22.](#)

### Treatment

- There is no specific antiviral treatment for COVID-19. People with COVID-19 should receive supportive care to help relieve symptoms.
- [Most people have mild illness and are able to recover at home.](#)
- For severe cases, treatment should include care to support vital organ functions.
- See more in [Management of Patients Guidance for Healthcare Providers](#) section

## PREVENTION

- There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.
- CDC always recommends everyday preventive actions to help prevent the spread of respiratory viruses, including:
  - Avoid touching your eyes, nose, and mouth with unwashed hands.
  - Avoid close contact with people who are sick.

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing or sneezing; going to the bathroom; and before eating or preparing food.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

## PEOPLE AT RISK FOR SERIOUS ILLNESS

- Older adults and people who have severe underlying medical conditions [are](#) at higher risk for more serious COVID-19 illness.
- [Eight out of 10 deaths reported in the United States have been in adults aged 65 years or older.](#)
- Based upon available information to date, those most at risk include—
  - People 65 years and older
  - People who live in a nursing home or long-term care facility
  - People of any age with the following underlying medical conditions, particularly those that are not well controlled
    - Heart disease
    - Diabetes
    - Lung disease
- [Severe illness leading to hospitalization, including ICU admission and death, can occur in adults of any age with COVID-19.](#)
- [The risk for serious disease and death from COVID-19 in the United States increases with age.](#)
- [Preliminary data in the United States indicate fatality is highest among persons aged 85 years or older, ranging from 10% to 27%.](#)
- Early data suggest older people are twice as likely to have serious COVID-19 illness.
- If you are at increased risk for COVID-19 complications due to age or because you have a serious underlying medical condition, it is especially important for you to take actions to reduce your risk of exposure.
- If you are a person with a serious underlying medical condition that can put you at higher risk, [stay home and away from other people.](#)
  - Stock up on supplies.
  - Make a plan with family members, friends, caregivers, and/or healthcare providers and consider including the following in your plan:
    - Alternate caregiver in case your caregiver is sick or paid service is limited or unavailable—it's a good idea to have at least three alternate caregivers
    - A 30-day supply of medications and a checklist to monitor usage
    - [Nonperishable food items for at least 14 days](#)

- Phone bank plan in case of quarantine (this reduces feelings of loneliness and isolation)
- If you feel sick, use these guidelines to reduce the risk of spread:
  - Stay home.
  - Call your healthcare provider and let them know about your symptoms. Tell them that you have or may have COVID-19. This will help them take care of you and keep other people from getting infected or exposed.
  - If you need emergency help, call 911.
  - If you are not sick enough to be hospitalized, you can recover at home. Follow CDC instructions for [how to take care of yourself at home](#).

### **What people at higher risk can do to prepare**

- Have supplies on hand
  - Contact your healthcare professional to ask about obtaining extra necessary medications to have on hand in case there is an outbreak of COVID-19 in your community and you need to stay home.
  - If you cannot get extra medications, consider using mail-order for medications.
  - Be sure you have over-the-counter medicines and medical supplies (tissues, etc.) to treat fever and other symptoms. Most people will be able to recover from COVID-19 at home.
  - Have enough household items and groceries on hand so that you will be prepared to stay at home for at least 14 days.
- Take everyday precautions
  - Avoid close contact with people who are sick.
  - Take everyday preventive actions.
    - Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place.
    - If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
    - To the extent possible, avoid touching high-touch surfaces in public places – elevator buttons, door handles, handrails, handshaking with people, etc. Use a tissue or your sleeve to cover your hand or finger if you must touch something.
    - Wash your hands after touching surfaces in public places.
    - Avoid touching your face, nose, eyes, etc.
    - Clean and disinfect your home to remove germs. Practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks and cell phones).
    - Avoid crowds, especially in poorly ventilated spaces. Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded, closed-in settings with little air circulation if there are people in the crowd who are sick.

- If COVID-19 is spreading in your community, take extra measures to put distance between yourself and other people.
  - Stay home as much as possible.
    - Consider ways of getting food brought to your house through family, social, or commercial networks.
- Have a plan for if you get sick.
  - **Consult with your healthcare provider for more information about** monitoring your health for symptoms suggestive of COVID-19.
  - Stay in touch with others by phone or email. You may need to ask for help from friends, family, neighbors, community health workers, etc. if you become sick.
  - Determine who can provide you with care if your caregiver gets sick.
  - Plan for how you will get more supplies if you need them before you recover.
- Watch for symptoms and emergency warning signs.
  - Pay attention for potential COVID-19 symptoms including, fever, cough, and shortness of breath. If you feel like you are developing symptoms, call your doctor.
  - If you develop emergency warning signs for COVID-19 get medical attention immediately. In adults, emergency warning signs\*:
    - Difficulty breathing or shortness of breath
    - Persistent pain or pressure in the chest
    - New confusion or inability to arouse
    - Bluish lips or face

\*This list is not all inclusive. Please consult your medical provider for any other symptom that is severe or concerning.

#### **What to do if you are at higher risk and get sick**

- Stay home and call your doctor.
- Call your healthcare provider and let them know about your symptoms. Tell them that you have or may have COVID-19. This will help them take care of you and keep other people from getting infected or exposed.
- If you are not sick enough to be hospitalized, you can recover at home. Follow CDC instructions for [how to take care of yourself at home](#).
- Know when to get emergency help.
- Get medical attention immediately if you have any of the emergency warning signs listed above.

#### **Community Support for Older Adults**

- Community preparedness planning for COVID-19 should include older adults and people with disabilities, and the organizations that support them in their communities, to ensure their needs are taken into consideration.
  - Many of these people live in the community, and many depend on services and supports provided in their homes or in the community to maintain their health and independence.



- Long-term care facilities should be vigilant to prevent the introduction and spread of COVID-19. [Information for long-term care facilities can be found here.](#)

### **Family and Caregiver Support**

- Know what medications your loved one is taking and see if you can help them have extra on hand.
- Monitor food and other medical supplies (hearing aid batteries, oxygen, incontinence, dialysis, wound care) needed and create a back-up plan.
- Stock up on non-perishable food items to have on hand in your home to minimize trips to stores.
- If you care for a loved one living in a care facility, monitor the situation, ask about the health of the other residents frequently and know the protocol if there is an outbreak.

### **Coping for People at Risk for Serious Illness and Caregivers**

- People at higher risk for COVID-19 (including older people and people with severe underlying medical conditions), as well as the people who care for and about them, may feel especially stressed, worried, or anxious.
  - Things you can do to take care of yourself and help the people you care for:
    - Take breaks from watching, reading, or listening to news stories, including social media. Remind others that you care for to do the same.
    - Stay connected to others through calls (audio or video), instant messaging, email, letters, or other forms of communication, even if you cannot be together in person.
    - Talk with people you trust about your concerns and how you are feeling.
- If you, or someone you care about, is feeling overwhelmed with emotions like sadness, depression, or anxiety, or if you are concerned about harming yourself or others, call 911 or the SAMHSA Disaster Distress Helpline: 1-800-985-5990 or text TalkWithUs to 66746 (TTY 1-800-846-8517).

### **Tribal Elders and Multi-generational Tribal Families**

- Tribal communities and Urban American Indians and Alaska Natives are particularly vulnerable to COVID-19 because of unique characteristics of health that impact tribal members.
- Any exposure to COVID-19 can pose a threat to tribal and urban American Indian and Alaska Native communities.
- Many tribal communities are made up of interdependent multi-generational families that house many Elders. These families may be both geographically and socially close. For tribal families, avoiding sick children or Elders may not seem practical or desirable.
- Families can take steps to protect the health and safety of Elders.
  - Consider limiting visitation except for caregivers or healers.
  - Avoid communing at social tribal events or gatherings, supermarkets, or casinos.

- Consider seeking out other partners in the community to help with housing accommodations or optional caregiving, in case of illness.

### **Rural Communities**

- Rural communities face some COVID-19 challenges that are different from urban and suburban communities. These differences warrant additional guidance.
- Many rural communities have experienced multiple closings of hospitals and healthcare facilities. This can leave an already vulnerable population without immediate access to healthcare, should an outbreak occur in the community.
- People living in rural communities can take steps to prepare.
  - Identify the two closest healthcare facilities to contact in case of an outbreak
  - Create an information card with the numbers and addresses of healthcare facilities and the family and friends who are physically nearest to you.
  - Locate state, local, or tribal health centers in advance to identify available resources
  - Create a phone tree system (activating a group of people by telephone to get a message out quickly) with family, friends, and neighbors

### **People with Asthma**

- People with asthma may be at higher risk of getting infected with COVID-19. COVID-19 can affect your respiratory tract (nose, throat, lungs), cause an asthma attack, and possibly lead to pneumonia and acute respiratory disease.
- If you have asthma, you should [prepare for COVID-19](#) and follow your Asthma Action Plan.
  - Take your asthma medication exactly as prescribed.
    - Talk to your healthcare provider, insurer, and pharmacist about creating an emergency supply of prescription medications, such as asthma inhalers.
    - Make sure that you have 30 days of non-prescription medications and supplies on hand too, in case you need to stay home for a long time.
  - Know how to use your inhaler.
  - Avoid your asthma triggers.
  - Clean and disinfect frequently touched surfaces like tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks daily to protect yourself against COVID-19.
    - Avoid disinfectants that can cause an asthma attack.
  - As more cases of COVID-19 are discovered and our communities take action to combat the spread of disease, it is natural for some people to feel concerned or stressed. Strong emotions can trigger an asthma attack. Take steps to help yourself cope with stress and anxiety.
- If you have symptoms
  - Contact your health care provider to ask about your symptoms.

### **Pregnant People**

- Pregnant people may be at higher risk for having severe illness from COVID-19.

- CDC has limited information on adverse pregnancy outcomes in pregnant people with COVID-19.
  - Pregnancy loss, including miscarriage and stillbirth, has been observed in cases of infection with other related coronaviruses [SARS-CoV and MERS-CoV] during pregnancy.
  - There is limited information on infant outcomes of COVID-19 illness during pregnancy.
  - Other respiratory viral infections during pregnancy, such as influenza, have been associated with adverse neonatal outcomes, including low birth weight and preterm birth.
  - High fevers during the first trimester of pregnancy can increase the risk of certain birth defects.
- It is especially important for pregnant people to [take actions to reduce their risk of exposure](#).

## MINIMIZING STIGMA AND MISINFORMATION

- [Minimizing stigma and misinformation](#) is important, especially during contagious disease outbreaks.
- **Everyone:** Know the facts about COVID-19 and help prevent the spread of rumors:
  - Fight stigma by supporting people who are coming back to school or work after completing their quarantine or isolation period for COVID-19 exposure or illness.
  - Someone who has completed their quarantine or met the requirements to discontinue infection control measures does not pose a risk of spreading COVID-19.
  - People of Asian descent, including Chinese Americans, are not more likely to get coronavirus than anyone else. Let people know that being of Asian descent does not increase the chance of getting or spreading COVID-19.
  - Viruses cannot target people from specific populations, ethnicities, or racial backgrounds.
    - People who have not been in contact with a person who is a confirmed or suspected case are not at greater risk of acquiring and spreading this new virus than others.
- People who returned more than 14 days ago from an [area with widespread or ongoing community spread](#) and do not have symptoms of coronavirus do not put others at risk.
- To [help counter stigma](#), public health professionals can:
  - Maintain privacy and confidentiality of those seeking health care and those who may be part of any contact investigation.
  - Communicate the risk or lack of risk from associations with products, people, and places in a timely manner.
  - Raise awareness of COVID-19 while showing empathy for people's concerns and fears.
  - Share accurate information about how the virus spreads.
  - Speak out against negative behaviors, including negative statements on social media about groups of people, or exclusion of people who pose no risk from regular activities.
    - Be cautious about the images that are shared. Make sure they do not reinforce stereotypes.
    - Engage with stigmatized groups in person and through media channels including news media and social media.

- Share with others the need for social support for people who have returned from an area with ongoing spread or are worried about friends or relatives in the affected areas.

## TRAVEL

### Presidential Proclamations announcing travel restrictions for travelers from China, Iran, United Kingdom, Republic of Ireland, and most of Europe

- On January 31, President Trump issued the first [Presidential Proclamation](#) implementing temporary measures to increase our abilities to detect and contain the novel coronavirus proactively and aggressively.
  - The proclamation suspends entry to the United States of foreign nationals who have been in China (excluding Hong Kong and Macau) in the past 14 days.
- On March 2, a [Presidential Proclamation](#) suspended entry to the United States of foreign nationals who have been in Iran in the past 14 days.
  - For more information, consult the [notice published in the Federal Register](#).
- On March 11, a [Presidential Proclamation](#) suspended entry to the United States of foreign nationals who have been in 26 countries in Europe (known as the Schengen Area) in the past 14 days.
  - The order suspends the entry of foreign nationals for 30 days from these European states: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland.
- On March 14, a [Presidential proclamation](#) suspended entry to the United States of foreign nationals who have been in the United Kingdom (excluding overseas territories outside of Europe) or the Republic of Ireland in the past 14 days.
- Exemptions to these travel restrictions include American citizens, legal permanent residents, and immediate family members of US citizens and legal permanent residents. (Hereafter referred to as “American citizens and exempted persons.”)
- **Under the Presidential Proclamations:** All American citizens and exempted persons coming from
  - **China, and Iran** will be directed to (“funneled to”) one of 11 US airports (the first 11 airports in the list below).
  - **Europe, the United Kingdom, and the Republic of Ireland** will be directed to (“funneled to”) one of 13 US airports (including the last 2 airports in the list below).
- American citizens and exempted persons who have been in **China or Iran** in the previous 14 days will have an additional health assessment (screened for fever, cough, or difficulty breathing).
  - If symptomatic, American citizens and exempted persons will be transferred for medical evaluation. (They will not be able to complete their itinerary at that time.)
  - If asymptomatic, American citizens and exempted persons will be allowed to reach their final destination and, after arrival, will be asked to stay home and self-monitor for 14 days.

- American citizens and exempted persons who have been to the **Schengen area of Europe, UK and Ireland** in the previous 14 days will be screened by Department of Homeland Security and receive a Travelers' Health Alert Notice.
  - If symptomatic, American citizens and exempted persons will be transferred for medical evaluation. (They will not be able to complete their itinerary at that time.)
  - If asymptomatic, American citizens and exempted persons will be allowed to reach their final destination and, after arrival, will be asked to stay home and self-monitor for 14 days.
- The 13 airports where travelers are being funneled include:
  - John F. Kennedy International Airport (JFK), New York
  - Chicago O'Hare International Airport (ORD), Illinois
  - San Francisco International Airport (SFO), California
  - Seattle-Tacoma International Airport (SEA), Washington
  - Daniel K. Inouye International Airport (HNL), Hawaii
  - Los Angeles International Airport (LAX), California
  - Hartsfield-Jackson Atlanta International Airport (ATL), Georgia
  - Washington-Dulles International Airport (IAD), Virginia
  - Newark Liberty International Airport (EWR), New Jersey
  - Dallas/Fort Worth International Airport (DFW), Texas
  - Detroit Metropolitan Airport (DTW), Michigan
  - Boston Logan International Airport (BOS), Massachusetts
  - Miami International Airport (MIA), Florida
- As of [March 18](#), about [60,000](#) people have been screened at U.S. airports.

#### **CDC Travel Health Notices and Other Travel Guidance**

- [CDC has issued](#) Level 3 Travel Health Notices (Avoid Nonessential Travel) for [Australia](#), [Brazil](#), [Canada](#), [China](#), [Iran](#), [Israel](#), [Japan](#), [most of Europe \(Schengen Area\)](#), [the United Kingdom and the Republic of Ireland](#), [Malaysia](#), [South Korea](#), and [cruise travel worldwide](#).
- [CDC has issued](#) Level 2 Travel Health Notices (Practice Enhanced Precautions) for the [global outbreak](#).
- [CDC has posted after-travel precautions for Travelers from Countries with Widespread Sustained \(Ongoing\) Transmission Arriving in the United States](#).
- [CDC has posted a webpage about COVID-19 and considerations for travel in the United States](#).
- [On March 19, the U.S. State Department posted a Level 4 Global Health Advisory, warning travelers Do Not Travel](#).

#### **Repatriation flights and quarantine orders**

- CDC has supported the Department of State in the safe and expedient ordered departure of US citizens and residents affected by outbreaks of COVID-19.
- Chartered flights returned passengers from Wuhan City, China and passengers from a cruise ship docked in Japan. (See section: Diamond Princess).

- The Department of Health and Human Services (DHHS) Secretary, under statutory authority, issued federal quarantine orders to all such passengers entering the United States.
  - The quarantine period is for 14 days.
  - The quarantine is a precautionary and preventive step to maximize the containment of the virus in the interest of the health of the American public.
  - This quarantine order also serves to protect the health of the repatriated persons, their families, and their communities.
- Based on what is known about this virus and other coronaviruses, CDC believes the risk to the communities temporarily housing these people is low.
- At the end of the 14-day period, people who have not developed symptoms have their quarantine order lifted and are free to return home.
- As of March 18th, everyone from the Wuhan and Diamond Princess repatriation flights who were quarantined or isolated under federal orders has been released and returned home.
  - A small number of people are still isolated or quarantined under state orders

#### Cruise Ships and River Cruises\*

- The U.S. Government's priority is to protect the health of passengers and crew, their loved ones, the traveling public, and communities within the US.
- CDC recommends all persons defer any travel on cruise ships, including river cruises, worldwide because of the increased risk of COVID-19 on board ships.
- CDC is continuously tracking cruise ships that are coming into domestic ports that may have confirmed, suspected, or no cases of COVID-19.
  - Cruise ships, both domestic and international, carrying American citizens are being assessed and documented.
  - The situation in the United States is evolving, both with increasing community transmission and an increasing number of cruise ships coming into port. CDC is continuing to reevaluate its approach to returning cruise ships.
  - As CDC reevaluates the approach to returning cruise ships, CDC's priority is to protect passengers' and crews' health while helping them get home as quickly and safely as possible.
- On March 13, the Cruise Lines International Association voluntarily suspended cruise travel out of U.S. ports.
  - Many cruise ships will soon be ending their voyages and coming into port in the U.S. and other countries. New cruise voyages will be postponed.
- On March 15, CDC released a Health Alert Network (HAN) Update providing information and guidance about global travel on cruise ships, including river cruises, due to COVID-19.
  - The HAN provides broad information and recommendations for clinicians seeing patients who have recently traveled by cruise ship or river cruise.
  - State and local health departments should check the Epidemic Information Exchange (Epi-X) notification system for information on COVID-19 cases on cruise ships and river cruises. If a ship has one or more confirmed COVID-19 cases on board, CDC will send an Epi-X alert to state health departments alerting them to these cases.

- On March 17, CDC posted a Global Level 3 Travel Health Notice for Cruise Ship Travel recommending travelers defer all cruise ship travel worldwide.
  - Cruise travelers should stay home for 14 days after returning from travel, monitor their health, and practice social distancing.
- In an effort to make sure returning passengers and crew members without symptoms can get home as quickly and safely as possible, CDC will not hold ships in port and will not prevent disembarking passengers and crew from onward travel. They will be treated like other travelers returning from areas with widespread ongoing transmission, such as Europe.
  - Passengers without symptoms will be allowed to travel home immediately via commercial carrier.
  - Cruise line passengers and crew members are advised to stay home for 14 days, monitor their health, and practice social distancing.
    - Social distancing means staying out of crowded places and keeping a distance of about 6 feet (2 meters) from others as much as possible.
    - Cruise lines will give disembarking passengers details about how to monitor themselves at home and practice social distancing.
    - These recommendations are consistent with CDC recommendations for travelers returning from countries with widespread ongoing transmission.
  - Any passengers who get sick with fever, new or worsening cough, or shortness of breath during their cruise should isolate themselves in their cabin and notify the onboard medical center immediately.
    - Crew members who get sick should follow any instructions from the cruise line.
  - If an ill passenger or crew member is identified on board the ship, the cruise line will report to the CDC Quarantine Station responsible for the port. CDC staff will determine if further action is needed.
- If a ship has one or more confirmed COVID-19 cases on board, CDC will send an Epi-X alert to state health departments alerting them to these cases.
- CDC will also alert WHO per the International Health Regulations to ensure non-US citizen travelers are aware of their risk.

#### ***Diamond Princess***

- CDC supported the Department of State-led mission to repatriate US citizens returning to the United States from Japan who were aboard the *Diamond Princess* cruise ship.
- On February 16, 329 American citizens returned by flights chartered by the State Department.
- Americans returned by flights chartered by the State Department are subject to a 14-day federal quarantine and were housed at two existing federal quarantine sites for repatriated travelers:
  - Travis Air Force Base in California
  - Joint Base San Antonio-Lackland in Texas
- The passengers were screened before leaving the ship and were monitored and evaluated by medical and public health personnel during the trip and after arrival. They were monitored by medical and public health personnel throughout the 14-day quarantine period. All of these individuals completed their quarantine.

- 11 Americans who were on board the *Diamond Princess* remain in Japan, including some who are still hospitalized.

#### **Grand Princess\***

- CDC has been working with the California Department of Public Health, other federal, state, and local partners and the Princess Cruise Line to investigate a cluster of COVID-19 cases connected with a Grand Princess voyage from February 11-21. Additionally, CDC worked with the same partners to assess the risk for passengers currently aboard the Grand Princess.
  - CDC notified states about the risk and management of passengers aboard the Grand Princess between February 11 and 21 who might have COVID-19 symptoms.
- The U.S. Department of Health and Human Services (HHS) is continuing to work with state and local partners in California to support the return of passengers from the Grand Princess.
- On March 9, the Grand Princess docked in the Port of Oakland.
  - Passengers were transferred to federal military installations across the United States for medical screening, COVID-19 testing, and a 14-day quarantine.
  - Nearly 1,000 passengers who are California residents are completing the mandatory quarantine at Travis Air Force Base.
  - Additional residents of California and residents of other states are completing the mandatory quarantine at Marine Corps Air Station Miramar in San Diego, Lackland Air Force Base in San Antonio, or Dobbins Air Reserve Base in Georgia.
  - Throughout the quarantine, passengers will be monitored for symptoms of COVID-19.
  - The Department of State is working closely with the home countries of several hundred foreign national passengers to arrange for repatriation to their countries.

*\*Please continue to look for updates in CDC's Daily Key Points and in next week's Key Messages document. The situation is rapidly evolving and CDC will provide updates as they become available.*

#### **Nile River Cruises**

- As of March 14, 2020, 16 state health departments have notified CDC of 62 COVID-19 cases and 42 patients under investigation (PUIs) associated with cruise boats on the Nile River in Egypt. Those 16 states are California, Colorado, Delaware, Florida, Iowa, Illinois, Maryland, North Carolina, New Mexico, Ohio, Pennsylvania, Rhode Island, Tennessee, Texas, Virginia, and Wisconsin.
  - Most of these American citizens have returned to the United States.
  - Three American citizens remain in Egypt, 1 of whom is in the hospital.
- The affected cruise boats on the Nile River include at least the following ships:
  - M/S A'sara
  - M.S. Esplanade
  - M.S. Queen of Hansa
  - M.S. Sun Goddess
  - Crown Empress
  - M.S. Mayfair
- As of March 12, the Pilgrim tour agency suspended all Egyptian river cruise tours.



- On March 19, Cairo, Egypt temporarily halted all flights to its airports as a further measure against the spread of COVID-19. The suspension of air traffic will continue until March 31.
- The M/S A'sara took at least four voyages.
  - Cruise 1 had 9 confirmed cases among American passengers and was associated with a cluster of cases in Texas.
  - Cruise 2 had 2 confirmed cases among American passengers.
  - Cruise 3 had 6 confirmed cases among American passengers.
  - Cruise 4 had 29 confirmed cases among American passengers.
- The M.S/ Queen Hansa sailed February 28–March 2. It had at least 1 confirmed case among American passengers.
- The M.S. Esplanade sailed February 24–February 27. As of March 11, it had 7 cases among American passengers and was associated with a cluster in Iowa.

## WHAT CDC IS DOING

### CDC Response in the US:

- The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat.
- The goal of the ongoing US public health response is to detect new cases quickly and prevent further spread of COVID-19 in this country.
- CDC established a COVID-19 Incident Management Structure on January 7. On January 21, CDC activated its Emergency Operations Center to better provide ongoing support to the COVID-19 response.
  - The US government has taken unprecedented steps with respect to travel in response to the growing public health threat posed by this new coronavirus.
  - Effective February 2, at 5pm, the [US government suspended entry of foreign nationals who have been in China within the past 14 days](#).
    - US citizens, residents, and their immediate family members who have been in mainland China are allowed to enter the United States, but they are subject to health monitoring for up to 14 days.
  - On February 29, the U.S. government announced it was suspending entry of foreign nationals who have been in Iran within the past 14 days.
  - As of March 13, all American citizens and exempted persons coming from most of Europe (known as the Schengen Area) will be funneled through 13 airports (listed in the above Travel section). As of March 16, all American citizens and exempted persons coming from the United Kingdom (excluding overseas territories outside of Europe) or the Republic of Ireland will also be funneled through those 13 airports.
    - CDC and partners will conduct enhanced illness response at these points of entry.
  - CDC has issued the following travel guidance related to COVID-19:
    - [China — Level 3, Avoid Nonessential Travel](#) — updated February 22;
    - [Iran — Level 3, Avoid Nonessential Travel](#) — updated February 28;

- [South Korea — Level 3, Avoid Nonessential Travel](#) — updated February 24;
- [Most of Europe \(Schengen Area\) — Level 3, Avoid Nonessential Travel](#) — updated March 12;
- [Global Outbreak — Level 2, Practice Enhanced Precautions](#) — posted March 11.
- [United Kingdom and Ireland — Level 3, Avoid Nonessential Travel](#) — posted March 15.
- [COVID-19 and Cruise Ship Travel — Level 3, Avoid Nonessential Travel](#) — posted March 17.
- [Malaysia — Level 3, Avoid Nonessential Travel](#) — posted March 18.
- [Australia — Level 3, Avoid Nonessential Travel](#) — posted March 21.
- [Brazil — Level 3, Avoid Nonessential Travel](#) — posted March 21.
- [Canada — Level 3, Avoid Nonessential Travel](#) — posted March 21.
- [Israel — Level 3, Avoid Nonessential Travel](#) — posted March 21.
- [Japan — Level 3, Avoid Nonessential Travel](#) — posted March 21.
- CDC is issuing [clinical guidance](#), including [clinical care guidance](#) and [healthcare infection control guidance](#).
- On March 2, FDA announced that commercial companies may sell test kits under CDC's EUA.
- CDC has deployed multidisciplinary teams to support state health departments with clinical management, contact tracing, and communications.
- CDC has helped mobilize state health departments to receive returned repatriated travelers.
- Through the Public Health Emergency Preparedness (PHEP) cooperative agreement, 62 state PHEP programs across the country are part of the multi-agency infrastructure working on quarantine, isolation, case finding, protecting health care workers and assuring medical supply chains.
- On March 16, CDC awarded nearly \$570 million in funding to 65 state, local, territorial, and tribal jurisdictions to provide resources to prevent, prepare for, and respond to the COVID-19 outbreak.
  1. CDC made these awards 10 days after the President signed into law the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123)
  2. CDC has authorized recipients to begin spending their funds immediately.
- CDC activated the [Cooperative Agreement for Emergency Response: Public Health Crisis Response](#) (CDC-RFA-TP18-1802) to award a total of \$569,822,380 to the 65 eligible jurisdictions on the approved but unfunded (ABU) list for the cooperative agreement.
  1. The 65 jurisdictions include the 50 states; eight U.S. territories and freely associated states; six directly funded localities (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and the District of Columbia); and one tribal nation (Cherokee Nation).

- This funding gives state and local health departments the flexibility to implement response actions based on the disease characteristics and priorities in their communities.
- The funding supports two required activities:
  1. Accelerated laboratory testing, data collection, and real-time reporting to CDC for identification and tracking of COVID-19 cases in the community; and
  2. Implementation of COVID-19 community intervention plans.
- The supplemental funding is in addition to funding in the amount of \$35 million to 21 jurisdictions for immediate COVID-19 response activities.
  - CDC awarded that initial funding on March 6.
  - For the 21 jurisdictions that received the initial funding, CDC has combined their initial funding with the new supplemental funding to reduce the administrative burden of managing two awards.
- CDC has worked with the Department of State, supporting the safe return of Americans who have been stranded as a result of the ongoing outbreaks of COVID-19 and related travel restrictions. CDC has worked to assess the health of passengers as they return to the United States and provided continued daily monitoring of people who are quarantined.
- An important part of CDC's role during a public health emergency is to develop a test for the pathogen and equip state and local public health labs with testing capacity. CDC developed a molecular test to detect COVID-19 from human clinical specimens and distributed this test to state and local health laboratories.
- After distribution of a CDC rRT-PCR test to diagnose COVID-19 to state and local public health labs started, performance issues were identified related to a problem in the manufacturing of one of the reagents. Laboratories were not able to verify the test performance.
- CDC worked on two potential resolutions to this problem.
  - CDC developed a new protocol that uses two of the three components of the original CDC test kit to detect the virus that causes COVID-19 after establishing that the third component, which was the problem with the original test, can be excluded from testing without affecting accuracy.
    - CDC worked with FDA to amend the existing Emergency Use Authorization (EUA) for the test.
  - Further, newly manufactured kits were provided to the [International Reagent Resource](#) for distribution.
    - On February 27, CDC distributed new test kits to 7 laboratories to serve as evaluation sites to ensure health departments are able to verify the assay. On February 29, 6 of 7 pilot laboratories reported successful completion of the verification panel.
    - An additional 40 test kits were hand carried to IRR for repackaging and distribution to additional public health labs.

- On February 28, IRR began to distribute new test kits to the additional 40 laboratories.
- As of March 19<sup>th</sup>, 91 public health labs are running the CDC test, representing all 50 states, as well as the District of Columbia, Guam, and Puerto Rico.
- Commercial manufacturers are now producing their own tests.
- Combined with other reagents that CDC has procured, there are enough testing kits to test more than 75,000 people.
- In addition, CDC is conducting laboratory testing in two of its laboratories at its headquarters in Atlanta. CDC can test approximately 350 specimens per day.
- CDC has been uploading the entire genome of the viruses from reported cases in the United States to GenBank as sequencing was completed.
- CDC has grown the virus in cell culture, which is necessary for further studies, including for additional genetic characterization. The cell-grown virus was sent to NIH's BEI Resources Repository for use by the broad scientific community.
- CDC has deployed staff to assist in local areas experiencing clusters of COVID-19.

### **CDC International Response**

*Note: Due to the rapidly changing situation, any statements on CDC involvement in China need case-by-case clearance.*

- CDC is working diligently and closely with partners to support the response to this novel coronavirus outbreak.
- CDC has staff stationed in more than 60 countries across the globe. CDC has offices in China, in a number of the countries reporting cases of COVID-19, and in countries that have not yet reported cases of COVID-19 but are busy with planning and preparedness efforts.
  - CDC and the government of China have collaborated for the past 30 years addressing public health priorities affecting the US, China, and the world.
- In addition to working with host country officials, CDC staff are working in coordination with Department of State and other agencies within US embassies.
- CDC is mobilizing Atlanta-based staff to support the response. Many of these staffers have extensive experience responding to global outbreaks.
- CDC has identified experts who are prepared to join a planned WHO mission to support efforts to better understand the severity and transmissibility of the virus.
- CDC is providing technical assistance to the Government of Italy for exit screening flights departing from Italy to the United States.
- In China, CDC is an important technical partner for the Chinese Field Epidemiology Training Program (FETP). and has been involved in the program since 2004.
  - More than 800 FETP-trained residents or graduates of FETP are supporting ongoing COVID-19 response efforts.
  - In 2019 specialized FETP training tracks were established in non-communicable diseases and tuberculosis.

- CDC has supported China CDC's national influenza laboratory for more than 20 years.
- CDC works in close partnership with the China CDC's National Influenza Epidemiology, Virology, and Pandemic Preparedness Centers, China's provincial and local CDCs, hospitals, and academic institutions.
- CDC supports Chinese partners in monitoring seasonal and novel influenza viruses, as well as enhancing efforts to detect and respond to seasonal, avian, and other novel influenza viruses with pandemic potential. CDC's key supporting activities include:
  - Strengthening influenza surveillance for seasonal and novel influenza viruses
  - Conducting research to estimate disease burden and vaccine effectiveness among populations at greatest risk (including young children, older adults, and pregnant women)
  - Promoting influenza vaccination policy development and coverage
  - Supporting novel virus risk assessments
  - Establishing pandemic influenza preparedness in China
  - Maintaining close ties between US and China influenza experts
- In other countries, CDC is collaborating with WHO to support Ministries of Health to prepare and respond to the epidemic.
  - CDC is helping to support countries to implement WHO recommendations related to the diagnosis and care of patients, tracking the epidemic, and identifying people who might have COVID-19.
  - CDC staff are also starting to work together with country colleagues to conduct investigations that will help inform response efforts going forward.
  - CDC works closely with countries to establish FETPs that train a workforce of field epidemiologists —or disease detectives— to identify and contain outbreaks close to the source.
  - For country-specific information, please contact [CDCglobal@cdc.gov](mailto:CDCglobal@cdc.gov).

## RECOMMENDATIONS

- CDC routinely advises that people help protect themselves from respiratory illnesses by washing their hands often, avoiding touching their face with unwashed hands, avoiding close contact with people who appear sick, and cleaning frequently touched surfaces.
  - CDC defines close contact as—
    - Being within about 6 feet (2 meters) of someone with COVID-19 for a prolonged period of time, such as living with, visiting, caring for or sharing a room in a healthcare facility
    - or -
    - By having direct contact with infectious secretions from a patient, such as being coughed on.

- If you are a resident in a community where person-to-person spread of COVID-19 has been detected and you develop COVID-19 symptoms, call your healthcare provider and tell them about your symptoms.
- If you have symptoms of COVID-19 and want to get tested, try calling your state or local health department or a medical provider. While supplies of these tests are increasing, it may still be difficult to find a place to get tested.
- Most people have [mild illness](#) and are able to [recover at home](#).
- For people who are ill with COVID-19, but are not sick enough to be hospitalized, please follow CDC guidance on how to reduce the risk of spreading your illness to others. People who are mildly ill with COVID-19 are able to isolate at home during their illness.

### Recent International Travelers

- If you have traveled internationally, watch your health, and limit interactions with others for 14 days after returning to the United States.
- If you feel sick with fever, cough, or difficulty breathing during this time, you should:
  - Seek medical advice. Before you go to a doctor's office or emergency room, call ahead and tell them about your recent travel and your symptoms.
  - Avoid contact with others.
  - Not travel while sick.
  - Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
  - Clean your hands often by washing them with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol immediately after coughing, sneezing or blowing your nose. Soap and water should be used if hands are visibly dirty.
- If you were in a country with widespread sustained (ongoing) transmission—China, Iran, South Korea, most of Europe (known as the Schengen Area), the United Kingdom, or the Republic of Ireland—stay home, monitor yourself, and practice social distancing for 14 days after you left that country.

### People Confirmed to Have, or Being Evaluated for, COVID-19

- Your doctors and public health staff will evaluate whether you can be cared for at home. If it is determined that you can be isolated at home, you will be monitored by staff from your local or state health department. You should follow the prevention steps below until a healthcare professional or local or state health department says you can return to your normal activities. Detailed information is available at [Interim Guidance for Preventing COVID-19 from Spreading to Others in Homes and Communities](#).
  - Stay home except to get medical care.
  - Separate yourself from other people in your home.
  - Call ahead before visiting your doctor.
  - Wear a facemask.

- Cover your coughs and sneezes with a tissue or cough or sneeze into your sleeve.
- Wash your hands often with soap and water for at least 20 seconds.
- Avoid sharing household items like eating utensils, cups, or linens.
- Monitor your symptoms and seek prompt medical attention if your symptoms worsen.

**On February 27, CDC updated interim guidance for state and local public health officials on how to assess and manage the risks posed by patients who may have been exposed to this new coronavirus.**

- This guidance establishes four risk categories: High, Medium, Low and No Identifiable Risk.
- The categories are based on a person's travel history and possible contact with patients who have laboratory-confirmed infections.
- The guidance **offers recommendations** for movement restrictions and public health evaluations for people in different risk categories.
- **In most cases, state and local authorities will make these decisions. Federal public health authority primarily extends to international arrivals at ports of entry and preventing interstate communicable disease threats.**
- These guidelines are subject to change as the situation requires. They do not apply retroactively to people who have been in [an affected area](#) with sustained transmission during the previous 14 days and are already in the United States, or those being managed as part of a contact investigation.
- CDC will provide separate guidance for healthcare settings.

**Close Contacts of Patients Under Investigation**

People who have had close contact with someone who is confirmed to have, or being evaluated for, COVID-19, should:

- Monitor your health starting from the day you first had close contact with the person and continue for 14 days after you last had close contact with the person. Watch for these signs and symptoms:
  - Fever—take your temperature twice a day.
  - Coughing.
  - Shortness of breath or difficulty breathing.
  - Other early symptoms to watch for are chills, body aches, sore throat, headache, diarrhea, nausea, vomiting, and runny nose.
- **If you develop fever or any of these symptoms, call your healthcare professional right away.**
  - **Before** going to your medical appointment, be sure to tell your healthcare professional about your close contact with someone who is confirmed to have, or being evaluated for, COVID-19. This notification will help the healthcare professional's office take steps to keep other people from getting infected. Ask your healthcare professional to call the local or state health department.
- On March 16, the White House [recommended](#) that if someone in your household has tested positive for COVID-19, the entire household should stay home and you should contact your medical provider.

- Detailed information for caregivers and household members can be found on the [Interim Guidance for Preventing COVID-19 from Spreading to Others in Homes and Communities](#) web page.

### **Healthcare Professionals**

- As availability of diagnostic testing for COVID-19 increases, clinicians will be able to access laboratory tests for diagnosing COVID-19 through clinical laboratories performing tests authorized by FDA under an Emergency Use Authorization (EUA).
  - Clinicians will also be able to access laboratory testing through public health laboratories in their jurisdictions.
- This expands testing to a wider group of symptomatic patients. Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested.
  - Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of illness.
  - Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing).
  - Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.
- Epidemiologic factors that may help guide decisions on whether to test include: any persons, including healthcare workers, who have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas within 14 days of symptom onset.

### **Recommendations for Reporting, Testing, and Specimen Collection**

- Clinicians should immediately implement recommended [infection prevention and control practices](#) if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility and their state or local health department if a patient is classified as a PUI for COVID-19.
- State health departments that have identified a PUI or a laboratory-confirmed case should complete a [PUI and Case Report form](#) through the processes identified on CDC's Coronavirus Disease 2019 website.
- State and local health departments can contact CDC's Emergency Operations Center (EOC) at 770-488-7100 for assistance with obtaining, storing, and shipping appropriate specimens to CDC for testing, including after hours or on weekends or holidays.
- Currently, diagnostic testing for COVID-19 is being performed at state public health laboratories and CDC. Testing for other respiratory pathogens should not delay specimen testing for COVID-19.
- On March 13, CDC updated its [guidance for specimen collection](#) for testing for COVID-19 to collect a single upper respiratory nasopharyngeal swab (NP) instead of an NP and oropharyngeal swab (OP).



- For patients who develop a productive cough, sputum should be collected and tested for SARS-CoV-2. The induction of sputum is not recommended.
- For patients for whom it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respiratory tract specimen.
- Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation \(PUIs\) for COVID-19](#) and [Biosafety FAQs](#) for handling and processing specimens from suspected cases and PUIs.
- Clinical specimens should be collected from PUIs for routine testing of respiratory pathogens at either clinical or public health labs. Note that clinical laboratories should NOT attempt viral isolation from specimens collected.
- Maintain proper infection control when collecting specimens.
- Additional guidance for collection, handling, and testing of clinical specimens is available on CDC's website.
- Detailed information on specimen types and shipping can be found on the Information for Laboratories web page

## COMMUNITY BASED INTERVENTIONS (AKA COMMUNITY MITIGATION)

- Protect yourself and your community from getting and spreading respiratory illnesses like coronavirus disease 2019. Everyone has a role to play in getting ready and staying healthy.
  - For most people in the U.S., the immediate risk of being exposed to the virus that causes COVID-19 is thought to be low. The virus is not currently widespread in the U.S.
  - In places where ongoing community spread of the virus that causes COVID-19 has been reported, people are at elevated risk of exposure.
- Currently a vaccine is not available for COVID-19. Until a vaccine is developed, community-based interventions, such as temporary school dismissals, postponing or cancelling large events, social distancing (i.e. limiting face-to-face contact) can help slow the spread of coronavirus.
- Your local public health department and community partners have been preparing for disease outbreaks, like COVID-19 and have plans in place. Now is a good time for businesses, community and faith-based organizations, and health-care systems to reexamine their preparedness plans to make sure they are ready.
- Strong community partnerships between local public health departments, the healthcare sector, faith-based organizations, and other community partners are vital for this response, and will be necessary to prepare for and coordinate if an outbreak occurs in their local communities.
- Community-based interventions can be grouped in three categories:
  - Personal protective measures (e.g., voluntary home isolation of ill persons, voluntary home quarantine of exposed household members, respiratory and cough etiquette, using facemasks in community settings when ill, practicing hand hygiene)

- Community measures aimed at increasing social distancing (e.g., temporary school dismissals, social distancing in workplaces (like working remotely), postponing or cancelling mass gatherings)
- Environmental measures (e.g., routine cleaning of frequently touched objects or surfaces)

### **Household/Personal Protective Measures**

- Everyone can do their part to help plan for, prepare, and respond to this emerging public health threat.
- CDC recommends that individuals/households create an emergency plan of action, practice good personal health habits and plan for home-based care (if needed), be prepared for your child's school or childcare facility to be temporarily dismissed, and plan for changes at your workplace.
- During an outbreak in your community, **stay home when you are sick** with COVID-19 symptoms, keep away from others who are sick, and limit face-to-face contact with others.

### **Community Measures**

- **Mass gatherings:**
  - Mass gatherings and events, such as concerts, festivals, conferences, worship services, and sporting events, increase the chance of a virus, like COVID-19, to spread and infect people crowded together within a close proximity.
  - On March 16, the White House [recommended](#) avoiding social gatherings in groups of more than 10 people.
- **Community and faith-based organizations:**
  - Local leaders and community organizers play a vital role to bring the community together to help plan for and reduce the impact of a potential COVID-19 outbreak. Since you know your community members the best, you can ensure groups most vulnerable to COVID-19 are considered and included in the planning process.
  - CDC recommends finding out if your local government has a private-public emergency planning group that meets regularly that you can join. If not, suggest one that should be set up. Building strong alliances before an outbreak can help provide your organization with the support and resources needed.
  - CDC has created [interim guidance](#) to help you create an emergency plan for your community and faith-based organization.
- **Administrators of U.S. childcare programs and K-12 schools and administrators of institutions of higher education:**
  - Schools should plan for and prepare for a potential community-level outbreak of COVID-19. Fortunately, many of the steps to plan and prepare for COVID-19 are the same steps schools take to keep students healthy and safe from the flu.
  - The decision to dismiss a school should be made locally. CDC recommends working with local health officials to determine if, when, and for how long schools may need to be

dismissed in the event of an outbreak. (NOTE: The U.S. Department of Education does not recommend using “school closure” terminology.)

- School administrators should plan to provide critical support services, such as continuity of education and continuity of school meal programs, if schools are dismissed.
- CDC has posted [guidance for childcare and K-12 school settings](#) on its website.
- CDC has posted recommendations of [considerations for school dismissals](#).
- CDC has posted [guidance for institutions of higher education \(IHE\) on its website](#).
  - This guidance includes considerations about addressing campus housing. [Guidance for IHE with students participating in international travel or study abroad programs](#) is also available.
- **Homeless shelters:**
  - People experiencing homelessness may be at risk for infection during an outbreak of COVID-19.
    - CDC has created [interim guidance for homeless shelters](#) that address planning for and responding to COVID-19 in these settings.
    - CDC has also posted [Interim Guidance for Responding to COVID-19 among People Experiencing Unsheltered Homelessness](#).

#### Information for Law Enforcement

- For law enforcement personnel performing daily routine activities, the immediate health risk is low.
- CDC has developed [recommendations for law enforcement](#) to protect themselves from exposure.
  - Law enforcement who must make contact with individuals confirmed or suspected to have COVID-19 should follow [CDC’s Interim Guidance for EMS](#).
  - Have a trained Emergency Medical Service/ Emergency Medical Technician (EMS/EMT) assess and transport anyone you think might have COVID-19 to a healthcare facility.
  - Ensure only trained personnel wearing appropriate personal protective equipment (PPE) have contact with individuals who have or may have COVID-19.
- Different styles of PPE may be necessary to perform operational duties.
  - These alternative styles (i.e. coveralls) must provide protection that is at least as great as that provided by the minimum amount of PPE recommended.
- Learn your employer’s plan for exposure control and participate in all-hands training on the use of PPE for respiratory protection, if available.
- If close contact occurs during apprehension:
  - Clean and disinfect duty belt and gear prior to reuse. Use a household cleaning spray or wipe, according to the product label.
  - Follow standard operating procedures for the containment and disposal of used PPE.
  - Follow standard operating procedures for containing and laundering clothes. Avoid shaking the clothes.

## HAND HYGIENE IN COMMUNITY SETTINGS (ENVIRONMENTAL MEASURES)

- Handwashing is one of the best ways to protect yourself and your family from getting sick.
- Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities.
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Always wash hands with soap and water if hands are visibly dirty.
- Follow these steps to make sure you wash your hands properly:
  1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
  2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
  3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
  4. Rinse your hands well under clean, running water.
  5. Dry your hands using a clean towel or air dry them.

## INFECTION PREVENTION AND CONTROL FOR HEALTHCARE SETTINGS

- Healthcare facilities are increasingly unable to procure reliable and sufficient supplies for infection control, including N95 respirators.
- Because of demands associated with the COVID-19 response, CDC has updated the [current national COVID-19 infection control guidance for healthcare](#) in the midst of supply realities and growing insight about the spread of COVID-19.
- Protection of healthcare personnel is a priority. CDC’s updated guidance on infection control aims to prioritize the use of N95 respirators and other respiratory protection devices for use during high-risk procedures while still protecting health care personnel with facemasks and eye protection during other routine patient care activities, in the setting of respirator shortages.
- CDC’s updated, interim IPC guidance also aims to support health care facilities in practical decision-making at the local level to maintain a functional health care system while protecting healthcare workers.
- The guidance also outlines multiple interventions that can be implemented to enhance protection of health care personnel
- CDC has updated guidance on the PPE healthcare personnel should use when caring for patients with known or suspected COVID-19:
  - Eye protection, gown, and gloves continue to be recommended.
  - While respirators remain preferred, facemasks are an acceptable alternative until the supply chain is restored.
    - Facemasks protect the wearer from splashes and sprays.

- Respirators, which filter inspired air, offer respiratory protection.
  - Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to healthcare professionals.
- The risk of transmission can be reduced by several types of actions, like prompt screening and triage, limiting personnel in the room, hand hygiene, source control, and effective environmental cleaning.
- CDC reminds all employers and healthcare personnel about the hierarchy of controls.
  - PPE is only one aspect of patient and worker safety and involves a high level of worker involvement and is highly dependent on proper fit and correct use.
- All healthcare facilities should continuously review their infection control supply inventories and taking steps to optimize supplies.
  - This is particularly true for areas in facilities where aerosol-generating procedures are performed, so that appropriate PPE will be available for high-risk procedures now and as potential COVID-19 cases increase.
- Healthcare administrators should continue to do everything possible to acquire the needed supplies to protect their staff and patients.
- When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19.
- The anticipated timeline for return to routine levels of PPE is not known.
  - CDC has posted information about [strategies to optimize the current supply of N95 respirators](#), including the use of devices that provide higher levels of respiratory protection (e.g., powered air purifying respirators [PAPRs]) when N95s are not available.
  - CDC has also posted a [companion checklist](#) to help healthcare facilities prioritize the implementation of the strategies is available.
- The majority of nursing homes and outpatient clinics, including hemodialysis facilities, do not typically procure N-95 respirators, currently have respiratory protection programs, nor fit-tested HCP. Therefore, they would not be able to implement all the recommended infection control interventions for care of COVID-19 patients.
  - Without respiratory protection programs and fit testing, unnecessary transfer of stable patients with known or suspected COVID-19 to another facility (e.g., acute care hospital) for evaluation and care may occur.
  - In areas with community transmission, acute-care facilities will be quickly overwhelmed by transfers of patients who have only mild illness and do not require hospitalization.
- Healthcare personnel (HCP) are on the front lines of caring for patients with confirmed or possible COVID-19. HCP caring for these patients have an increased risk of exposure to this virus.
- HCP can minimize their risk of exposure when caring for confirmed or possible COVID-19 patients by following CDC infection prevention and control (IPC) guidelines, including use of recommended personal protective equipment (PPE).
- Infection control procedures and appropriate use of PPE are necessary to prevent infections from spreading while caring for patients. CDC reminds all employers and HCP that PPE is only one aspect of safe care of patients with COVID-19.

- Focusing only on PPE gives a false sense of security of safe care and worker safety.
- It is critical to focus on other strategies to prevent spread of COVID-19 in healthcare settings. Examples include prompt screening and triage of patients and limiting the numbers of healthcare personnel entering the patient room.
- CDC's current guidelines are designed to prevent the spread of COVID-19 within healthcare facilities to healthcare personnel, visitors, and other patients who may be exposed to a patient with COVID-19.
- Healthcare personnel caring for patients with confirmed or suspected COVID-19 should adhere to CDC recommendations for [infection prevention and control \(IPC\)](#):
  - Assess and triage patients with acute respiratory symptoms and risk factors for COVID-19 to minimize chances of exposure. Care for patients with known or suspected COVID-19 in a single-person room with the door closed. Reserve Airborne Infection Isolation Rooms (AIIRs) for patients undergoing aerosol-generating procedures.
  - Use [Standard, Contact, and Airborne](#) Precautions, including eye protection, when caring for patients with confirmed or possible COVID-19.
  - Perform hand hygiene with alcohol-based hand sanitizer before and after all patient contact, before and after contact with potentially infectious materials, and before putting on and upon removal of PPE, including gloves. Use soap and water if hands are visibly soiled.
  - Practice how to properly [don, use, and doff PPE](#) in a manner to prevent self-contamination.
  - Perform aerosol-generating procedures (e.g., sputum induction, open suctioning of airways) in an AIIR, while following appropriate IPC practices, including use of appropriate PPE.
  - The collection of respiratory specimens (e.g., nasopharyngeal swabs) are not considered aerosol generating procedures. These procedures should take place in an examination room with the door closed.
  - Healthcare facilities can minimize the chance for exposures by ensuring facility policies and practices are in place and implemented before patient arrival, upon patient arrival, and throughout the duration of the affected patient's time in the healthcare setting.
  - CDC has created [Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 \(COVID-19\) in Inpatient Obstetric Healthcare Settings](#)
- Healthcare facilities should promptly notify state or local public health authorities of patients with known or possible COVID-19 (i.e., persons under investigation or PUIs), and should designate specific persons within the healthcare facility who are responsible for communication with public health officials and dissemination of information to HCP.
- All healthcare facilities should ensure that their healthcare personnel are correctly trained and capable of implementing infection control procedures. Individual healthcare personnel should ensure they understand and can adhere to infection control requirements.

- Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
  - Products with [EPA-approved emerging viral pathogens claims](#) are recommended for use against SARS-CoV-2, the virus that causes COVID-19.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures. Federal, state, and local guidelines and regulations specify the categories of medical waste that are subject to regulation and outline the requirements associated with treatment and disposal.
- CDC recommends that employees who are confirmed to have COVID-19, those who appear to have acute respiratory illness symptoms upon arrival to work, and persons who become sick during the work day promptly put on a facemask, be separated from other people, and be sent home immediately.
- If facemasks are not available, sick healthcare personnel should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available), prior to leaving the facility.

#### **Long-term care facilities**

- The general strategies CDC recommends to prevent the spread of COVID-19 in long-term care facilities (LTCF) are the same strategies these facilities use every day to detect and prevent the spread of other respiratory viruses like influenza. View [Strategies to Prevent the Spread of COVID-19 in LTCF for](#) more information.
- All healthcare facilities [can take steps](#) now to prepare for COVID-19 and protect both their patients and staff.
- In late February, there was an outbreak of COVID-19 in a long-term care facility in Washington state infecting patients and a healthcare professionals.
- CDC deployed a team to Washington to support the ongoing investigation to find and identify how the patients were exposed and do extensive contact tracing of people who were exposed or might have been exposed to the patients.

#### **WHAT CDC IS DOING TO PROTECT HEALTHCARE PERSONNEL**

- CDC is providing regular communication to the US healthcare community through targeted outreach activities.
- CDC is rapidly developing [guidance and resources](#) to protect US healthcare personnel. Current guidance and recommendations are designed to protect healthcare personnel and prevent the spread of the virus that causes COVID-19 within US healthcare facilities.
- CDC has deployed field teams to provide onsite infection control assessment and consultation to the US healthcare facilities currently treating confirmed COVID-19 patients and the passengers returning from China.
- CDC is preparing first responders, healthcare providers, and health systems, by:

- Establishing visibility across healthcare systems to understand healthcare use, particularly surges in demand for medical care and associated resources.
- Conducting extensive outreach to clinical and hospital professional organizations to ensure health system preparedness.
- Producing guidance documents on infection control, hospital clinical evaluation and patient management.
- Working closely with healthcare facilities and providers to reinforce infection control principles that recognize PPE is one component of a larger set of practices that help to limit the spread of disease.
- Developing a range of respirator conservation strategies, including strategies to make supplies last longer (such as using alternative products like reusable respirators) and extending the use of disposable respirators.
- Leveraging existing telehealth tools to direct people to the right level of care.
- Working with supply chain partners to understand supply usage, what products are available, and when more aggressive measures may need to be taken to ensure that HCPs at highest risk have access to PPE.
- Sharing information with stakeholders to help them recognize when to shift the strategies they are using.
- The first report of an infected healthcare provider occurred on February 29 in a long-term care facility in Washington.
- Healthcare personnel (HCP) often have prolonged close contact with patients in healthcare settings and may come in contact with a person infected with COVID-19. HCPs can protect themselves by properly following recommended infection control practices, including the appropriate use of PPE when caring for patients with COVID-19.
- CDC recommends evaluating asymptomatic HCPs with close contact or a potential exposure to COVID-19 by assessing risk, monitoring symptoms, and determining the need for appropriate work restrictions.

## OPTIMIZING THE SUPPLY OF N95 RESPIRATORS

- Protection of healthcare workers is a priority. [CDC's Strategies for Optimizing the Supply of N95 Respirators](#) offers a series of strategies or options to optimize supplies of disposable N95 filtering facepiece respirators (commonly called "N95 respirators") in healthcare settings where there is limited supply.
- It also includes considerations for use by federal, state, and local public health officials, respiratory protection program managers, occupational health service leaders, infection prevention and control program leaders, and other leaders in healthcare settings who are responsible for developing and implementing policies and procedures for preventing pathogen transmission in healthcare settings.
- CDC has provided additional resources related to these strategies:
  - [Checklist for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response](#) is intended to help healthcare facilities



prioritize the implementation of the strategies presented in the [Strategies for Optimizing the Supply for N95 Respirators](#) guidance.

- [Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response](#)
  - In times of increased demand and decreased supply, consideration can be made to use the N95s listed in the guidance past their manufacturer-designated shelf life when responding to COVID-19.
  - This preliminary information from the NIOSH study suggests certain N95 models beyond their manufacturer-designated shelf life will be protective. CDC recommends that N95s that have exceeded their manufacturer-designated shelf life should be used only as outlined in the [Strategies for Optimizing the Supply of N95 Respirators](#).

## MANAGEMENT OF PATIENTS GUIDANCE FOR HEALTHCARE PROVIDERS

### Clinical Presentation

- Most frequently reported symptoms of COVID-19 include fever, cough, sore throat, myalgia, or fatigue. Less commonly reported symptoms include sputum production, headache, hemoptysis, and diarrhea. Older patients and people with chronic medical conditions may be at higher risk of severe illness.
  - Possible risk factors for progressing to severe illness may include, but are not limited to, older age and people of any age with underlying chronic medical conditions such as heart disease, lung disease and diabetes.

### Clinical Course

- Symptoms among reported cases of COVID-19 vary in severity from mild illness to severe or fatal illness.
- Some reports suggest the potential for clinical deterioration during the second week of illness.
- Among hospitalized patients with confirmed COVID-19, some will develop complications:
  - Acute respiratory distress syndrome (ARDS)
  - Intensive care for respiratory support
  - Pneumonia resulting in death
  - Secondary infection

### Laboratory and Radiographic Findings

- SARS-CoV-2 RNA has been detected from upper and lower respiratory tract specimens, and the virus has been isolated from bronchoalveolar lavage fluid.
- The duration of shedding of SARS-CoV-2 RNA in the upper and lower respiratory tracts is not yet known but may be several weeks or longer.

### Clinical Management and Treatment

- There are no U.S. Food and Drug Administration (FDA)-approved drugs specifically for the treatment of patients with COVID-19.
- At present, clinical management includes infection prevention and control measures and supportive care, including supplementary oxygen and mechanical ventilatory support when indicated.
- Patients with mild clinical presentation may not initially require hospitalization.
- The decision to monitor a patient in the inpatient or outpatient setting should be made on a case-by-case basis.

### Therapeutic Options for COVID-19 Patients

- There are two approved drugs (chloroquine and hydroxychloroquine) and one investigational agent (remdesivir) currently in use in the United States.
  - The two approved drugs have not been approved specifically for the treatment of patients with COVID-19.
  - For full information on therapeutic options and obtaining these drugs, visit [Information for Clinicians on Therapeutic Options for COVID-19 Patients](#).
- Remdesivir is an investigational intravenous drug with broad antiviral activity that inhibits viral replication through premature termination of RNA transcription. It has in-vitro activity against SARS-CoV-2 and in-vitro and in-vivo activity against related betacoronaviruses.
  - It is available through three clinical trials or on an uncontrolled compassionate use basis.
- Hydroxychloroquine and chloroquine are oral prescription drugs that have been used for treatment of malaria and certain inflammatory conditions.
  - Based upon limited in-vitro and anecdotal data, chloroquine or hydroxychloroquine are currently recommended for treatment of hospitalized COVID-19 patients in several countries.

### INTERIM GUIDANCE FOR BUSINESSES AND EMPLOYERS (NON-HEALTHCARE SETTINGS)

- [Interim guidance for businesses and employers](#) to plan for and respond to COVID-19 is now available on CDC's website. This interim guidance may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings.
- Employers can use strategies now to prevent workplace exposures to acute respiratory illness:
  - Actively encouraging sick employees to stay home
  - Separating sick employees
  - Emphasizing staying home when sick, respiratory etiquette, and hand hygiene by all employees
  - Performing routine environmental cleaning
  - Advising employees before traveling to take certain steps
  - Checking the [CDC's Traveler's Health Notices](#) website for the latest guidance and recommendations for each country to which you will travel
- Some people, like healthcare workers caring for COVID-19 patients and other close contacts of COVID-19 patients, will have an increased risk of infection.

- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure. [Recommendations released March 16](#) state that if someone in a household has tested positive, keep the entire household at home.
- If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act. Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.
- Employers should be ready to implement strategies to protect the workforce from COVID-19 while ensuring the continuity of operations.
  - An infectious disease outbreak response plan should include possible work-related exposures and health risks to employees. The plan should also explore flexible worksites (e.g., telecommuting) and work hours in accordance with human resource policies.
  - [Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children dismissed from childcare programs and K-12 schools.](#)

**CDC Daily Key Points**  
**Coronavirus Disease 2019 (“COVID-19”) Pandemic**  
**March 23, 2020 as of 10:45pm**

Updated text is shown in colored text.

**SNAPSHOT**

- CDC has reported:
  - 33,404 confirmed and presumptive positive cases of COVID-19
  - 400 COVID-19-related deaths
  - All 50 states, the District of Columbia, Puerto Rico, Guam, and the US Virgin Islands have reported cases of COVID-19.

**MAIN KEY POINTS**

- On March 16, 2020 President Trump and the White House Coronavirus Task Force issued new guidelines to help protect Americans during the Coronavirus pandemic.
  - The initiative, called [15 Days to Slow the Spread](#), lays out guidelines for a nationwide effort to slow the spread of COVID-19. It calls for the implementation of measures to increase social distancing between people at all levels of society.
  - This is a massive proactive, preventive response to COVID-19. It aims to slow the spread and blunt the impact of this disease on the United States.
- All segments of U.S. society have a role to play at this time:
  - People across the country are asked to stay home as much as possible and otherwise practice social distancing.
  - This includes [canceling or postponing gatherings of more than 10 people](#) and closing schools in some areas as determined by local and state governments.
  - It also includes special measures to protect those people who are most vulnerable to this disease.
    - Two CDC Morbidity & Mortality Weekly Reports (MMWRs) published March 17 underscore how vulnerable older people are to developing serious illness from COVID-19.
  - People who are sick are asked to follow CDC [guidance on recovering at home](#) and follow the new guidance for when [it's OK to interact with other people again](#).
- There is no vaccine to protect against COVID-19 and no medications approved to treat it.
- There is a body of evidence—based on about 200 journal articles—that supports the effectiveness of social distancing measures, both when used alone and in combination with other measures.
  - Much of this data is outlined in CDC’s [Community Mitigation Guidelines to Prevent Pandemic Influenza — United States, 2017](#).
  - These recommendations work better when implemented in concert.
- While the new guidelines are recommended for the next 15 days, government leaders will continually reassess the status of the outbreak in the United States. It may be that these measures will need to be modified or extended for additional periods of time.
- This is a historic, unprecedented outbreak, the likes of which have not been seen since the [influenza pandemic of 1918](#).
- The White House Task Force on Coronavirus has established [www.coronavirus.gov](http://www.coronavirus.gov) as the centralized website for the Federal government.
  - CDC continues to maintain [www.cdc.gov/covid19](http://www.cdc.gov/covid19).

**CDC Daily Key Points**  
**Coronavirus Disease 2019 ("COVID-19") Pandemic**  
**March 23, 2020 as of 10:45pm**

**SITUATION UPDATE**

- [33,404](#) reported cases of COVID-19 have been detected in all 50 states.
- [539](#) of these cases occurred through close contact with another case.
- [449](#) cases occurred in persons who had traveled to international areas with sustained (ongoing) transmission and among their close contacts.
- [32,416](#) cases are still being investigated to determine the source of exposure.
  - The number of cases of COVID-19 being reported in the US is rising quickly.
  - This increase was expected given an increase in testing and ongoing rapid spread of disease across communities in the United States.
- While these numbers are concerning, the increase is not unexpected.
- More robust data will allow us to better understand and track the size and scope of the outbreak and strengthen prevention and response efforts.
- On March 20, new web content on the [15-Day Pause](#) was posted. The 15-day pause recommended by the White House presents the entire country with an opportunity to implement actions designed to slow and limit the spread of COVID-19.
- On March 19, a new online interactive [COVID-19 symptom self-checker](#) was launched.
  - The self-checker helps users make decisions about seeking appropriate medical care. This system is not intended for diagnosis or treatment of COVID-19 or other diseases.
- On March 18, CDC posted a new webpage with guidance for colleges and universities including:
  - [Interim Guidance for Administrators of US Institutions of Higher Education](#)
  - [FAQs for Administrators of Institutes of Higher Education](#)
- On March 19, CDC posted additional guidance on COVID-19 for clinicians and health care facilities, including:
  - Guidance on infection control procedures to [Protect Your Patients and Staff from COVID-19](#);
  - [Disinfecting Your Facility if Someone is Sick](#); and
  - A [Clinician Toolkit](#), which includes outdoor and indoor signs and patient handouts with tips for home care.
- On March 18, CDC Principal Deputy Director Dr. Anne Schuchat did a Q&A on [What to Expect When You're Expecting](#) for an audience of 16 million new and expectant mothers. Dr. Schuchat answered questions related to COVID-19 and pregnancy, infant care, and breastfeeding.
- A CDC study published March 17 shows that younger people can develop serious COVID-19 illness requiring hospitalization. This finding is different from the first reports from China. Younger people are still much less likely to die from COVID-19 than older people.
- As of March 17, 2020, there are confirmed COVID-19 cases in corrections facilities in NY, WA and GA. Discussion of implementing releases of non-violent offenders to reduce populations incarcerated, decrease chance of spread.
- As of March [22](#), 91 state and local public health labs in 50 states, the District of Columbia, Guam, and Puerto Rico have verified they are successfully using COVID-19 diagnostic tests. See [map showing which states and territories have one or more laboratories that have successfully verified and are currently using COVID-19 diagnostic tests](#).

## CDC Daily Key Points

### Coronavirus Disease 2019 ("COVID-19") Pandemic

March 23, 2020 as of 10:45pm

- As of March 22, CDC and local and state public health laboratories had tested a total of 61,847 specimens.
- Private laboratories are increasing their testing capacity. In addition to the approximately 2,500 tests per day currently done nationally, it is projected that:
  - Roche will increase their capacity up to 10,000 tests per day by end of this week
  - BioReference will increase their capacity by an additional 3,000 tests per day.
- CDC is adapting some of the agency's existing surveillance systems to better track COVID-19.
  - CDC plans to roll out a COVID-19 surveillance report next week.
- On Monday, March 16, CDC reported the first confirmed case in a [CDC employee](#).

## **CDC GUIDANCE UPDATES**

- On March 22, CDC posted COVID-19 information specific to children including:
  - [Tips for parents](#) during school dismissal,
  - [Guidance](#) for Schools and Childcare Programs, and
  - [Updated FAQs](#) related to children and COVID-19
- On March 22, CDC posted [Guidance for Retirement Communities and Independent Living](#) to help them plan, prepare, and respond to COVID-19.
- On March 19, CDC updated [technical guidance](#) and [consumer information](#) about cleaning and disinfecting your home when someone is sick.
- On March 17, updates were made to CDC guidance on alternate non-N95 PPE guidance: [Strategies for Optimizing the Supply of N95 Respirators: Crisis/Alternate Strategies](#).
- CDC is reviewing and updating [travel notices](#) almost on a daily basis.
  - As of March 23, CDC has issued 9 additional Level 3 Travel notices for [Australia](#), [Brazil](#), [Canada](#), [Chile](#), [Israel](#), [Japan](#), [Pakistan](#), [Thailand](#), and [Turkey](#).
  - On March 19, the U.S. State Department posted a [Level 4 Global Health Advisory](#), warning travelers Do Not Travel.
  - On March 19, CDC posted after-travel precautions for [Travelers from Countries with Widespread Sustained \(Ongoing\) Transmission Arriving in the United States](#).
  - On [March 18](#), CDC posted a Level 3 Travel Health Notice (Avoid Nonessential Travel) for Malaysia. Malaysia is experiencing widespread ongoing transmission of respiratory illness caused by COVID-19.
  - U.S. citizens, residents, and their immediate family members who have been in China, Iran, the United Kingdom, Ireland or any one of 26 European countries within in the past 14 days can enter the United States, but they are subject to health monitoring and possible quarantine for up to 14 days.
  - CDC also has a [Global Level 2 Travel Health Notice](#) recommending older adults and those who have chronic medical conditions consider postponing nonessential travel.
  - On March 17, CDC posted a [Level 3 Travel Health Notice for Cruise Ship Travel](#), recommending travelers defer all cruise ship travel worldwide.
  - On March 21, CDC posted [additional guidance](#) for travelers returning from cruise ships.
- CDC updated its [guidance for specimen collection](#) for testing for COVID-19 to collect a single upper respiratory nasopharyngeal swab (NP) instead of an NP and oropharyngeal swab (OP).

## CDC Daily Key Points

### Coronavirus Disease 2019 ("COVID-19") Pandemic

March 23, 2020 as of 10:45pm

- CDC also posted new guidance on when people who have had COVID-19 and have been isolating at home can discontinue isolating in [Discontinuation of Home Isolation for Persons with COVID-19](#).
- Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation if:
  - At least 3 days (72 hours) have passed since recovery—defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
  - At least 7 days have passed since symptoms first appeared.
- CDC posted [Guidance for child care settings](#), including a decision tree on when schools should close.

## WHAT YOU CAN DO

- Everyone can do their part to help respond to this emerging public health threat:
  - On March 16, the White House announced a program called [15 Days to Slow the Spread](#) which is a nationwide effort to slow the spread of COVID-19 through the implementation of social distancing at all levels of society.
  - Older people and people with severe chronic conditions should [take special precautions](#) because they are at higher risk of developing serious COVID-19 illness.
  - If you are a healthcare provider, use your judgement to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Factors to consider, in addition to clinical symptoms, may include:
    - Does the patient have recent travel from an [affected area](#)?
    - Has the patient been in close contact with someone with COVID-19 or patients with pneumonia of unknown cause?
    - Does the patient reside in an area where there has been community spread of COVID-19?
  - If you are a healthcare provider or a public health responder caring for a COVID-19 patient, please take care of yourself and follow recommended [infection control procedures](#).
  - People who get a fever or cough should consider whether they might have COVID-19, depending on where they live, their travel history or other exposures.
    - [More than half of the United States](#) is seeing some level of community spread of COVID-19.
    - [Testing for COVID-19](#) may be accessed through medical providers or public health departments, but there is no treatment for this virus.
    - Most people have mild illness and are able to [recover at home without medical care](#).
  - For people who are ill with COVID-19, but are not sick enough to be hospitalized, please follow [CDC guidance on how to reduce the risk of spreading your illness to others](#). People who are mildly ill with COVID-19 are able to [isolate at home during their illness](#).
  - If you have been in China or another affected area or have been exposed to someone sick with COVID-19 in the last 14 days, you will face [some limitations on your movement](#)

**CDC Daily Key Points**  
**Coronavirus Disease 2019 ("COVID-19") Pandemic**  
**March 23, 2020 as of 10:45pm**

[and activity. Please follow instructions during this time.](#) Your cooperation is integral to the ongoing public health response to try to slow spread of this virus.

For more information please visit the Coronavirus Disease 2019 Outbreak Page at:  
[www.cdc.gov/COVID19](http://www.cdc.gov/COVID19).



## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: March 2, 2020

SUBJECT: Communications Update

### **Media Inquiries**

2/10/2020	FedTech Magazine	Interview request with QSMO SME	closed
2/21/2020	GovLoop	Interview with Ashley Mahan	open
2/26/2020	GovernmentCIO	HIMSS interview	open
2/26/2020	GovExec	Fireside chat with Matt Ford	open
2/26/2020	ATARC	Interview request for Julie Dunne	open
2/26/2020	Wall Street Journal	OPO lease	closed
2/27/2020	FedTech Magazine	How merging agencies adapt IT infrastructure	open
2/28/2020	FCW	Impact on GWACs from coronavirus	open
3/2/2020	Yahoo Finance	JEDI contract	open
3/2/2020	Eastern Management	FedRAMP article	open
3/2/2020	Chemical & Engineering News	Navigating SAM.gov database	open
3/2/2020	Washington Business Journal	DoT federal building	open

### **Top Stories**

#### Acquisition:

- MetTel Wins \$253.5M SSA EIS Contract (MeriTalk)

#### IT/Technology:

- AI initiatives at the Technology Transformation Services (GovMatters) VIDEO
- This Is The Year Of AI Regulations (Forbes)
- What are the pros and cons of working in civic tech (CodeNewbie)
- Technology's central nervous system needs attention now (GCN)

#### Real Estate:

- Media Firm Leases 200 KSF at One World Trade Center (Commercial Property Executive)
- How Smart Building Tech Make the State Department More Energy Efficient (FedTech)

#### **Press Releases**

- n/a

#### **Top Issues and Accomplishments**

- n/a

## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: March 4, 2020

SUBJECT: Communications Update

### **Media Inquiries**

2/21/2020	GovLoop	Interview with Ashley Mahan	open
2/26/2020	GovernmentCIO	HIMSS interview	open
2/26/2020	GovExec	Fireside chat with Matt Ford	closed
2/26/2020	ATARC	Interview request for Julie Dunne	open
2/27/2020	FedTech Magazine	How merging agencies adapt IT infrastructure	open
3/2/2020	Eastern Management	FedRAMP article	open
3/3/2020	Bloomberg	ASTRO RFP	open
3/3/2020	Federal News Network	EIS interview request	open
3/3/2020	Washington Business Journal	SEC search	closed
3/3/2020	Commercial Observer	DoT HQ in Navy Yard	closed

### **Top Stories**

#### Centers of Excellence:

- Government watchdog's emerging tech lab teams with Centers of Excellence program at GSA (FCW)
- GSA to Partner with GAO in Latest Centers of Excellence Partnership (NextGov)

#### IT/Technology:

- USDA Official Shares Fear of Scammers Using Fed Website Design Standards to Trick Citizens (MeriTalk)

#### Policy:

- OMB Proposes Sharp Boost in IPv6-Only Federal Network Assets (MeriTalk)

#### Real Estate:

- GSA Touts Efforts to Shed Excess Real Estate (FedWeek)
- Officials seek halt to plans for new ICE facility in Scarborough (Press Herald)
- The SEC headquarters legal challenge moves closer to resolution (Washington Business Journal)

#### Press Releases

- n/a

#### Top Issues and Accomplishments

- n/a

## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: March 6, 2020

SUBJECT: Communications Update

### **Media Inquiries**

2/21/2020	GovLoop	Interview with Ashley Mahan	closed
2/26/2020	ATARC	Interview request for Julie Dunne	open
2/27/2020	FedTech Magazine	How merging agencies adapt IT infrastructure	open
3/2/2020	Eastern Management	FedRAMP article	closed
3/3/2020	Bloomberg	ASTRO RFP	open
3/3/2020	Federal News Network	EIS interview request	open
3/5/2020	FCW	FAST2020 numbers	closed
3/5/2020	Bloomberg Government	Bankruptcy courts COVID-19 plans	open
3/5/2020	Federal News Network	E-commerce hearing follow up	open
3/6/2020	FedScoop	Phil Lam interview request	open
3/6/2020	ABC	Guidance to feds on coronavirus	open
3/6/2020	Federal News Network	Guidance for purchase cards regarding coronavirus	open
3/6/2020	Naked Security	Notarized letters for .gov website	open

## **Top Stories**

### **Acquisition:**

- 3 GSA-level protests remain to commercial e-marketplace solicitation (FedScoop)
- Risk is high that GSA's latest telecom contract suffers same fate as last two (Federal News Network)
- Lawmakers vent over slow telecom transition (FCW)

### **Centers of Excellence:**

- GSA, JAIC CoE Notch Early Successes in Data Management, AI Adoption (MeriTalk)
- How GSA's innovation initiative is helping the Defense Department (Federal Times)
- GSA Centers of Excellence, JAIC Leverage Data to Accelerate DoD AI Adoption; Lt. Gen. Jack Shanahan, Anil Cheriyan, Bob De Luca Quoted (ExecGov)

### **Policy:**

- Agencies face tough calls on events amid COVID-19 (FCW)

### **Real Estate:**

- Milton S. F. Curry, USC Architecture Dean: Observations on Draft White House Executive Order, "Making Federal Buildings Beautiful Again" (Archnitect)
- Washington Mystics owner Sheila Johnson pursuing Trump hotel lease (Washington Post)

## **Press Releases**

- n/a

## **Top Issues and Accomplishments**

- n/a

## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: March 9, 2020

SUBJECT: Communications Update

### **Media Inquiries**

2/26/2020	ATARC	Interview request for Julie Dunne	closed
2/27/2020	FedTech Magazine	How merging agencies adapt IT infrastructure	closed
3/3/2020	Bloomberg	ASTRO RFP	open
3/3/2020	Federal News Network	EIS interview request	open
3/5/2020	Bloomberg Government	Bankruptcy courts COVID-19 plans	closed
3/5/2020	Federal News Network	E-commerce hearing follow up	closed
3/6/2020	FedScoop	Phil Lam interview request	open
3/6/2020	ABC	Guidance to feds on coronavirus	closed
3/6/2020	Federal News Network	Guidance for purchase cards regarding coronavirus	open
3/6/2020	Naked Security	Notarized letters for .gov website	closed
3/9/2020	Federal News Network	Interview with Alex Pandel	open
3/9/2020	FCW	COVID-19 contracting	open
3/9/2020	New York Times	Contracts by agency	open
3/9/2020	NextGov	FAST2020	closed
3/9/2020	GCN	Reskilling government workers	open

## **Top Stories**

### Acquisition:

- State Dept Picks OBXtek for Technical Security Engineering Division Support Contract (ExecBiz)
- A busy week highlighting critical challenges for government market stakeholders (Federal News Network)

### IT/Technology:

- US government tightens vetting for .gov domain registration (TechRadar)

### Policy:

- White House proposal attracts comments from Trump fans (E&E News)

## **Press Releases**

- n/a

## **Top Issues and Accomplishments**

- n/a



## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: March 13, 2020

SUBJECT: Communications Update

### **Media Inquiries**

3/6/2020	FedScoop	Phil Lam interview request	open
3/6/2020	Federal News Network	Guidance for purchase cards regarding coronavirus	closed
3/9/2020	FCW	COVID-19 contracting	closed
3/9/2020	GCN	Reskilling government workers	open
3/9/2020	The Daily Report	COVID-19 and the courts	closed
3/11/2020	OpenGov	Interview request for Brian Whittaker	open
3/11/2020	Chicago Sun Times	Chicago federal offices and coronavirus	open
3/12/2020	Government Technology	Dotgov domains	closed
3/12/2020	McClatchy	Unscheduled charter flights	closed
3/13/2020	Washington Business Journal	Coronavirus cleaning	closed
3/13/2020	ExecGov	Software licenses and telework	closed

### **Top Stories**

#### **Acquisition:**

- [GSA Cancels FAST 2020 Conference \(MeriTalk\)](#)
- [GSA cancels FAST 2020 \(FCW\)](#)
- [Senate panel looks for supply chain options \(FCW\)](#)

#### IT/Technology:

- Agencies can learn from 18F's 'remote-first' mindset during coronavirus pandemic (FedScoop)

#### Real Estate:

- City of Covington to Buy Former IRS Site for \$20.5 Million (River City News)
- Covington purchases former IRS Center for \$20.5 million (Cincinnati.com)
- GSA Moves to Clarify Responsibilities for Building Security (FedWeek)
- Courts mull closures and risks amid coronavirus pandemic (Roll Call)
- Federal courts are canceling proceedings and restricting visitors amid coronavirus concerns (ABA Journal)

#### Press Releases

- n/a

#### Top Issues and Accomplishments

- n/a

## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: March 17, 2020

SUBJECT: Communications Update

### **Media Inquiries**

3/6/2020	FedScoop	Phil Lam interview request	open
3/9/2020	GCN	Reskilling government workers	open
3/16/2020	FCW	GSA and OMB memo on teleworking	closed
3/17/2020	GovExec	Telework in the time of coronavirus	closed
3/17/2020	documentedny	NYC building workers being tested for COVID-19	closed

### **Top Stories**

#### Administrator:

- GSA Administrator Emily Murphy Selected to 2020 Wash100 for Transforming Federal Marketplace, Modernizing Government Service Leadership (ExecBiz)

#### Acquisition:

- HHS, CMS following the two ‘Cs’ of IT modernization: Customers and cost cutting (Federal News Network)
- Strongsville spends \$450,000 on body cameras, dashboard cameras for police (Cleveland.com)

#### IT/Technology:

- Artificial intelligence is coming to rulemaking (Federal News Network)

#### Real Estate:

- National Building Museum in Washington, D.C., Completes Renovations (Architectural Digest)

### **Press Releases**

- n/a

### **Top Issues and Accomplishments**

- n/a

## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: March 18, 2020

SUBJECT: Communications Update

### **Media Inquiries**

3/6/2020	FedScoop	Phil Lam interview request	open
3/9/2020	GCN	Reskilling government workers	open
3/18/2020	FCW	EIS deadline	open

### **Top Stories**

#### Policy:

- Federal agencies directed to expand telework to staffs outside D.C. region (The Washington Post)

#### Real Estate:

- OMB Updates Real Property Strategy (FedWeek)
- Are federal facilities prepared for COVID-19? (FCW)
- Georgia Federal Courthouse Closed After Guard Is Hospitalized (Courthouse News Service)
- Dirksen employee tests positive for COVID-19 (Chicago Daily Law Bulletin)

### **Press Releases**

- n/a

### **Top Issues and Accomplishments**

- n/a



## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: March 19, 2020

SUBJECT: Communications Update

### **Media Inquiries**

3/6/2020	FedScoop	Phil Lam interview request	open
3/9/2020	GCN	Reskilling government workers	open
3/18/2020	FCW	EIS deadline	closed
3/19/2020	Business Insider	N95 mask auction in Denver	open
3/19/2020	NBC Telemundo	Sending contractors home	open
3/19/2020	Los Angeles Times	GSA employees deployed to FEMA	open

### **Top Stories**

#### Acquisition:

- [Federal News Network Update \(FNN\)](#)
- [EIS on the back burner \(FCW\)](#)
- [WH asks Congress for funds to improve stressed federal IT \(Federal Times\)](#)
- [Inflowlogistics Gets GSA Contract Spot for IT Services \(ExecBiz\)](#)

#### IT/Technology:

- [Are Agencies Making Progress on Application Rationalization? \(FedTech\)](#)
- [New funds for telework, IT support are part of OMB's coronavirus response request \(FedScoop\)](#)

#### Real Estate:

- [Federal courthouse seeks new location in Rock Island County \(Quad City Times\)](#)

### **Press Releases**

- n/a

### **Top Issues and Accomplishments**

- n/a



## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: March 20, 2020

SUBJECT: Communications Update

### **Media Inquiries**

3/6/2020	FedScoop	Phil Lam interview request	open
3/9/2020	GCN	Reskilling government workers	open
3/19/2020	Business Insider	N95 mask auction in Denver	closed
3/19/2020	NBC Telemundo	Sending contractors home	open
3/19/2020	Los Angeles Times	GSA employees deployed to FEMA	closed
3/19/2020	FedScoop	Approved comms applications for telework	closed
3/19/2020	FedTech Magazine	Smart buildings	closed
3/20/2020	NBC News	Availability of cleaning supplies in federal buildings	open
3/20/2020	Inc Magazine	Interview with Jarah Meador	open
3/20/2020	Federal Times	Federal building closures	open

### **Top Stories**

#### Acquisition:

- DHS unveils EIS plans to industry (FCW)
- Loudoun Businesses Ask for Help; Economic Development Steps Up (Loudoun Now)

#### IT/Technology:

- Here's what federal agencies say they need to fight the coronavirus (Federal News Network)
- Agency-approved messaging services adjust to crush of federal telework (FedScoop)

### Policy:

- Cybersecurity money part of emergency coronavirus request (Politico)

### Real Estate:

- COVID-19 funding package includes federal building safety and security (FCW)
- Montana hits 11 COVID-19 cases (Missoulian)
- Transportation sends all headquarters employees home due to coronavirus case (Federal News Network)

### Press Releases

- n/a

### Top Issues and Accomplishments

- n/a

## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: March 23, 2020

SUBJECT: Communications Update

### **Media Inquiries**

3/6/2020	FedScoop	Phil Lam interview request	open
3/9/2020	GCN	Reskilling government workers	open
3/19/2020	NBC Telemundo	Sending contractors home	open
3/20/2020	NBC News	Availability of cleaning supplies in federal buildings	closed
3/20/2020	Inc Magazine	Interview with Jarah Meador	open
3/20/2020	Federal Times	Federal building closures	closed
3/20/2020	National Journalism Center	IG report of GSA controlled childcare centers	open
3/20/2020	FedScoop	EIS during coronavirus	open
3/23/2020	CNN	Reporting on coronavirus supply contracting	open
3/23/2020	NextGov	COVID schedule scam	open
3/23/2020	FCW	Securing delivery of IT equipment	open

### **Top Stories**

#### Acquisition:

- Agencies initiate emergency acquisition authorities (Federal News Network)
- DHS Releases Draft RFPs for EIS Contracts (MeriTalk)
- DHS Discloses EIS Contract Transition Plans in Draft Solicitation (ExecBiz)

#### IT/Technology:

- OMB Requests \$45.8B Emergency Funds to Support Telework, Cyber (MeriTalk)

Real Estate:

- Commission acquires former Forestry Service facility near I-77 (Bluefield Daily Telegraph)

**Press Releases**

- n/a

**Top Issues and Accomplishments**

- n/a

## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: March 24, 2020

SUBJECT: Communications Update

### **Media Inquiries**

3/6/2020	FedScoop	Phil Lam interview request	open
3/9/2020	GCN	Reskilling government workers	open
3/20/2020	Inc Magazine	Interview with Jarah Meador	open
3/20/2020	FedScoop	EIS during coronavirus	closed
3/23/2020	CNN	Reporting on coronavirus supply contracting	open
3/23/2020	NextGov	COVID schedule scam	closed
3/23/2020	FCW	Securing delivery of IT equipment	closed
3/23/2020	FedScoop	RPA and coronavirus	open
3/23/2020	FCW	Teleconferencing bids	closed
3/24/2020	MeriTalk	COVID-19 fraud	closed

### **Top Stories**

#### Acquisition:

- GSA, VA, IRS Raise Micropurchase, Simplified Acquisition Thresholds (ExecGov)

#### Policy:

- NAPA will study OPM-GSA merger (FCW)
- White House urges agencies to implement new authentication methods amid telework (Fifth Domain)

#### Real Estate:

- COVID-19 Response: Pentagon Gets A Real \$8.3B Slush Fund (Breaking Defense)

- Federal court system in Springfield shut down after employee reports COVID-19 symptoms (MassLive)
- What to make of the draft executive order to classicize federal architecture? (ArchPaper)

### **Press Releases**

- n/a

### **Top Issues and Accomplishments**

- n/a

## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: March 31, 2020

SUBJECT: Communications Update

### **Media Inquiries**

3/6/2020	FedScoop	Phil Lam interview request	open
3/27/2020	NextGov	Ashley Mahan security cloud panel May 12	open
3/27/2020	NBC News	GSA respirator auction	open
3/31/2020	FCW	Zoom on FedRAMP	closed
3/31/2020	FedScoop	Confirming Kris Rowley CDO departure	closed
3/31/2020	Federal News Network	Phone interview on acquisition during coronavirus	open
3/31/2020	Washington Post	N95 mask auction	open

### **Top Stories**

#### Acquisition:

- Will the latest deadline begin to change the trajectory of GSA's EIS program? (Federal News Network)
- U.S. Agency Auctioned Off Small Lots of N95 Masks in February (Wall Street Journal)

#### IT/Technology:

- GSA's coronavirus bot shows how RPA can supplement pandemic response (FedScoop)
- Feds Need to Keep Telework IT Running Smoothly to Maintain Continuity of Operations (FedTech)

### **Press Releases**

- n/a

### **Top Issues and Accomplishments**

- n/a



## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: April 1, 2020

SUBJECT: Communications Update

### **Media Inquiries**

3/6/2020	FedScoop	Phil Lam interview request	open
3/27/2020	NextGov	Ashley Mahan security cloud panel May 12	open
3/27/2020	NBC News	GSA respirator auction	open
3/31/2020	Federal News Network	Phone interview on acquisition during coronavirus	open
3/31/2020	Washington Post	N95 mask auction	closed
3/31/2020	Mother Jones	Trump Hotel and COVID 19 crisis	closed
4/1/2020	NextGov	COVID screenings	open
4/1/2020	GovExec	House oversight of OPM buildings	closed

### **Top Stories**

#### Acquisition:

- GSA opens up MAS contracts to state and local governments (Federal News Network)
- Industry Groups Welcome Stimulus Provisions for Federal Contractors (GovExec)
- Federal News Network Update (FNN)

#### IT/Technology:

- Commerce, GSA looking for new chief data officers (Federal News Network)

#### Policy:

- With the contract finalized, NAPA's congressionally-mandated OPM study is underway (Federal News Network)

#### Real Estate:

- How Smart Building Technology Is Shaping Federal Agencies (FedTech)
- Sale of Trump's D.C. hotel lease on hold as commercial real estate industry reels (Washington Post)
- Report: Trump Organization puts sale of D.C. hotel on hold (Washington Business Journal)

#### **Press Releases**

- n/a

#### **Top Issues and Accomplishments**

- n/a

## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: April 2, 2020

SUBJECT: Communications Update

### **Media Inquiries**

3/6/2020	FedScoop	Phil Lam interview request	open
3/27/2020	NextGov	Ashley Mahan security cloud panel May 12	open
3/27/2020	NBC News	GSA respirator auction	closed
3/31/2020	Federal News Network	Phone interview on acquisition during coronavirus	open
4/1/2020	NextGov	COVID screenings	open
4/2/2020	Harvard Kennedy School of Business	Challenge.gov research	open
4/2/2020	ABC News	New tennis pavilion at White House	closed
4/2/2020	New York Times	Trump Organization Hotel story	closed
4/2/2020	MeriTalk	Request for comment, House letter to GSA	closed

### **Top Stories**

#### Acquisition:

- Pandemic delays GSA's e-commerce plans (FCW)

#### IT/Technology:

- GSA bot builders add workforce capacity (GCN)
- FBI warns on Zoom conference security (FCW)

#### Policy:

- OPM, GSA announce delays due to the coronavirus (FedTimes)
- House Lawmakers Accuse GSA of Breaching Ban on Implementing OPM Merger (GovExec)
- Oversight Dems want answers from GSA on OPM facilities move (FCW)

#### Real Estate:

- Federal News Network Update (FNN)
- COVID-19 bill permits phone, video hearings in most federal court cases (Rapid City Journal)

#### Press Releases

- n/a

#### Top Issues and Accomplishments

- n/a

## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: April 14, 2020

SUBJECT: Communications Update

### **Media Inquiries**

4/14/2020	Federal News Network	Information on OLM training webinar	open
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### **Top Stories**

#### Acquisition:

- [NIH releases \\$40B draft solicitation for CIO-SP4 vehicle \(FedScoop\)](#)
- [Georgia Man Allegedly Tried To Sell \\$750M in Nonexistent Masks To Veterans Affairs \(NextGov\)](#)
- [Key Emergency Procurement Rules For Gov't Contractors \(Law360\)](#)
- [CenturyLink raises objections to three EIS task order awards \(Washington Technology\)](#)
- [13 Investigates: Federal agencies auctioned off PPE as COVID-19 pandemic approached \(13 WTHR\)](#)

#### IT/Technology:

- [ICE cautions staff, contractors on Zoom \(GCN\)](#)

#### Real Estate:

- [“Transfronterizos” during the COVID-19 pandemic \(The Mesa Press\)](#)

### **Press Releases**

- n/a

### **Top Issues and Accomplishments**

- n/a

## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: April 20, 2020

SUBJECT: Communications Update

### **Media Inquiries**

4/2/2020	FedScoop	VIP virtual video with David Shive	open
4/2/2020	FedScoop	VIP virtual video with Bill Zielinski	open
4/2/2020	FedScoop	VIP virtual video with Anil Cheriyan	open
4/14/2020	Federal News Network	Information on OLM training webinar	open
4/15/2020	Pacific Maritime Magazine	COVID-19 impact on contracting	open
4/16/2020	Industry Innovators Podcast	Interview with Josh Di Frances	open
4/16/2020	MeriTalk	Telework transition data	closed
4/17/2020	The Hill	Government buildings during coronavirus	closed
4/20/2020	Associated Press	Presidential Transition Council	closed
4/20/2020	Shared Services and Outsourcing Network	Q&A with Earl Pinto	open
4/20/2020	Wall Street Journal	Contract with Uber	open
4/20/2020	Bloomberg	Contract with Uber	open
4/20/2020	Business Insider	Contract with Uber	open

## **Top Stories**

### **Acquisition:**

- Can we speed up the EIS telecom transition? (FedScoop)
- Affigent, Akima Subsidiary, Integrates Oracle Cloud Services to GSA Schedule 70; Carol Rivetti, Randy Zewe Quoted (ExecGov)
- White House outlines how agencies can help contractors during pandemic (Washington Technology)

### **IT/Technology:**

- CoE Leaders Remind Feds to Consider AI's Workforce Impact (MeriTalk)

### **Policy:**

- Will telework ever be the new normal? (Federal News Network)

### **Real Estate:**

- Stafford office building sells for nearly \$15M (Virginia Business)
- U.S. District Courthouse in Albuquerque closed (Albuquerque Journal)
- Sculpture installed in 1977, gone since 1996, reappears at Federal Building (Winston Salem Journal)

## **Press Releases**

- n/a

## **Top Issues and Accomplishments**

- n/a

## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: April 28, 2020

SUBJECT: Communications Update

### **Media Inquiries**

4/2/2020	FedScoop	VIP virtual video with Bill Zielinski	open
4/15/2020	Pacific Maritime Magazine	COVID-19 impact on contracting	open
4/20/2020	Shared Services and Outsourcing Network	Q&A with Earl Pinto	open
4/21/2020	Federal Times	Centers of Excellence	open
4/22/2020	SHRM Online	GSA's use of RPA	open
4/24/2020	MeriTalk	Interview with David Shive	open
4/24/2020	Washington Business Journal	Warehouse in Springfield	open
4/27/2020	Washington Business Journal	PDS letter	open
4/27/2020	Federal News Network	GSA comment on IG report on FAS	closed
4/27/2020	Yahoo	Trump Hotel lease	closed
4/28/2020	Washington Business Journal	Interview with Dan Mathews	open
4/28/2020	Washington Business Journal	SEC lease update	open
4/28/2020	FedScoop	Bill Z departure	closed
4/28/2020	Quartz	Uber on beta.SAM.gov	closed



4/28/2020	MeriTalk	Bill Z departure	closed
4/28/2020	Huffington Post	Civic technology role in COVID-19	open
4/28/2020	FCW	Zero Trust roundtable	open

## **Top Stories**

### Acquisition:

- GSA's new governmentwide contract standardizes use of gig economy for agencies (Federal News Network)

### Customer Experience:

- Federal News Network Update (FNN)

### IT/Technology:

- Zoom or Not? NSA Offers Agencies Guidance for Choosing Videoconference Tools. (NextGov)

### Personnel:

- GSA's Zielinski takes a new job at the local level (Federal News Network)

### Policy:

- As first deadline approaches, Biden and Trump camps begin a delicate transition dance (NBC News)
- One Year In, Administration Names First Lead Office In New Shared Services Regime (NextGov)

## **Press Releases**

## **Top Issues and Accomplishments**

- n/a

## DAILY COMMUNICATIONS REPORT

TO: White House Cabinet Affairs Communications

FROM: GSA – Office of Strategic Communication

DATE: April 29, 2020

SUBJECT: Communications Update

### **Media Inquiries**

4/2/2020	FedScoop	VIP virtual video with Bill Zielinski	open
4/15/2020	Pacific Maritime Magazine	COVID-19 impact on contracting	open
4/20/2020	Shared Services and Outsourcing Network	Q&A with Earl Pinto	closed
4/21/2020	Federal Times	Centers of Excellence	open
4/22/2020	SHRM Online	GSA's use of RPA	open
4/24/2020	MeriTalk	Interview with David Shive	open
4/24/2020	Washington Business Journal	Warehouse in Springfield	open
4/27/2020	Washington Business Journal	PDS letter	open
4/28/2020	Washington Business Journal	Interview with Dan Mathews	open
4/28/2020	Washington Business Journal	SEC lease update	open
4/28/2020	Huffington Post	Civic technology role in COVID-19	open
4/28/2020	FCW	Zero Trust roundtable	open
4/28/2020	StateScoop	State and local purchase cards for 18F services	closed
4/29/2020	Reuters	Oversight Committee letter on Trump Hotel	closed
4/29/2020	Capitol News	Oversight Committee letter on Trump Hotel	Closed

	Forum		
4/29/2020	NextGov	Ecommerce platform	open

## **Top Stories**

### Acquisition:

- What COVID-19 contracting guidance tells us and what we still need to know (Washington Technology)

### Customer Experience:

- GSA Develops Human-Centered Design Buying Guide for Agencies (NextGov)

### Inspector General:

- IG says GSA missed out on potentially \$1.1B in savings, but is that really the case? (Federal News Network)
- GSA Missing Millions in Potential Savings Identified Pre-Award, IG Says (FedWeek)

### Personnel:

- Bill Zielinski Departing GSA for Local Government (MeriTalk)
- Big changes on GSA's IT category team (FCW)

### Policy:

- White House Directs Agencies to Plan for Presidential Transition (GovExec)

### Shared Services:

- DHS' cyber agency will now serve as a cybersecurity "marketplace" (Fifth Domain)

## **Press Releases**

## **Top Issues and Accomplishments**

- n/a

# COVID-19 By the Numbers

## FEMA Region 1

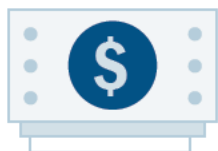


**3**

Alternate Care Facilities

**808**

Hospital Beds



## Funding

Emergency Protective  
Measures

Connecticut  
**\$23.0 million**

New Hampshire  
**\$17.5 million**

Maine  
**\$12.3 million**

Rhode Island  
**\$19.4 million**

Massachusetts  
**\$62.6 million**

Vermont  
**\$8.5 million**

**4,314**

Deployed Personnel

DoD

**301**

Title 32 National Guard activated

**3,772**

FEMA

**226**

HHS

**15**



## Critical Supplies Delivered

**787,304**



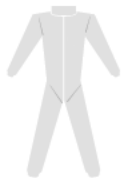
face shields

**2.6 million**



surgical masks

**17,753**



coveralls

**3.6 million**



gloves

**2.4 million**



N95 respirators

**380,733**



gowns

**950**



ventilators



**FEMA**

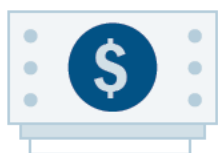
# COVID-19 By the Numbers

## FEMA Region 2



**13**  
Alternate Care Facilities

**7,015**  
Hospital Beds



## Funding

Emergency protective measures

New Jersey  
**\$358.2 million**

U.S. Virgin Islands  
**\$12.5 million**

New York  
**\$1.0 billion**

Puerto Rico  
**\$31.5 million**

**8,056**

Deployed Personnel

DoD  
**2,929**

Title 32 National Guard activated  
**4,672**

FEMA  
**281**

HHS  
**174**



## Critical Supplies Delivered

**835,890**



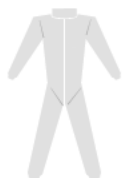
face shields

**4.3 million**



surgical masks

**426,389**



coveralls

**8 million**



gloves

**12.3 million**



N95 respirators

**478,525**



gowns

**5,695**



ventilators



**FEMA**

# COVID-19 By the Numbers

## FEMA Region 3

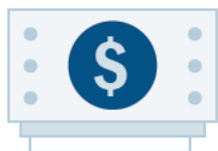


**7**

Alternate Care Facilities

**1,441**

Hospital Beds



## Funding

Emergency protective  
measures

Washington D.C.

**\$60.7 million**

Virginia

**\$200.2 million**

Maryland

**\$54.9 million**

Delaware

**\$4.9 million**

Pennsylvania

**\$60.3 million**

West Virginia

**\$8.7 million**

**3,262**

Deployed Personnel

DoD

**85**

Title 32 National Guard activated

**2,849**

FEMA

**255**

HHS

**73**



## Critical Supplies Delivered

**630,318**



face shields

**2.8 million**



surgical masks

**16,275**



coveralls

**2.4 million**



gloves

**5.7 million**



N95 respirators

**482,210**



gowns

**720**



ventilators



**FEMA**

# COVID-19 By the Numbers

## FEMA Region 4

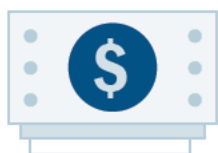


**3**

Alternate Care Facilities

**1,101**

Hospital Beds



## Funding

Emergency protective measures

Alabama

**\$18.7 million**

Florida

**\$93.4 million**

Georgia

**\$55.2 million**

Tennessee

**\$131.6 million**

Kentucky

**\$54.0 million**

North Carolina

**\$29.6 million**

South Carolina

**\$70.3 million**

Mississippi

**\$54.4 million**

**8,594**

Deployed Personnel

DoD

**0**

Title 32 National Guard activated

**8,287**

FEMA

**205**

HHS

**102**



## Critical Supplies Delivered

**915,988**



face shields

**4.4 million**



surgical masks

**21,631**



coveralls

**3.8 million**



gloves

**5.5 million**



N95 respirators

**874,201**



gowns

**350**



ventilators



**FEMA**

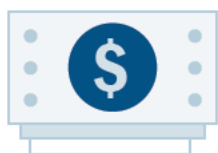
# COVID-19 By the Numbers

## FEMA Region 5



**10**  
Alternate Care Facilities

**7,039**  
Hospital Beds



## Funding

Emergency protective  
measures

Illinois  
**\$262.5 million**

Ohio  
**\$73.0 million**

Indiana  
**\$36.8 million**

Wisconsin  
**\$56.3 million**

Michigan  
**\$246.0 million**

Minnesota  
**\$354,060**

**4,682**

Deployed Personnel

DoD

**85**

Title 32 National Guard activated

**4,330**

FEMA

**176**

HHS

**91**



## Critical Supplies Delivered

**947,021**



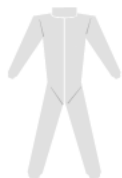
face shields

**4.3 million**



surgical masks

**19,628**



coveralls

**3.4 million**



gloves

**8.6 million**



N95 respirators

**654,119**



gowns

**1,410**



ventilators



**FEMA**



# COVID-19 By the Numbers

## FEMA Region 6

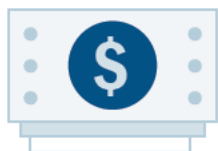


**8**

Alternate Care Facilities

**1,400**

Hospital Beds



## Funding

Emergency protective measures

Arkansas

**\$340,664**

Texas

**\$378.3 million**

Louisiana

**\$139.3 million**

Oklahoma

**\$22.9 million**

New Mexico

**27.2 million**

**5,040**

Deployed Personnel

DoD

**147**

Title 32 National Guard activated

**4,709**

FEMA

**164**

HHS

**20**



## Critical Supplies Delivered

**612,729**



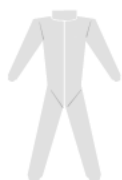
face shields

**3.3 million**



surgical masks

**15,621**



coveralls

**3.1 million**



gloves

**2.5 million**



N95 respirators

**560,451**



gowns

**430**



ventilators



**FEMA**

# COVID-19 By the Numbers

## FEMA Region 7

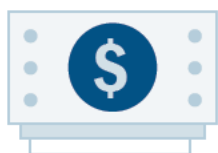


**1**

Alternate Care Facilities

**118**

Hospital Beds



## Funding

Emergency protective measures

Iowa

**\$62.2 million**

Missouri

**\$26.3 million**

Kansas

**\$18.7 million**

Nebraska

**\$17.4 million**

**2,100**

Deployed Personnel

DoD

**0**

Title 32 National Guard activated

**1,951**

FEMA

**141**

HHS

**8**



## Critical Supplies Delivered

**337,961**



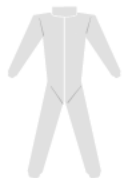
face shields

**1.5 million**



surgical masks

**9,429**



coveralls

**1.4 million**



gloves

**1.6 million**



N95 respirators

**248,758**



gowns

**0**



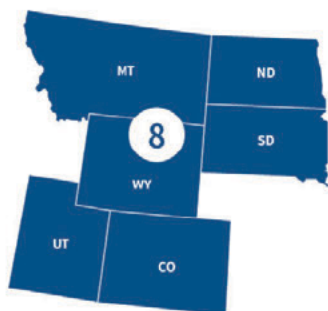
ventilators



**FEMA**

# COVID-19 By the Numbers

## FEMA Region 8

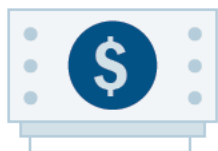


**3**

Alternate Care Facilities

**1,685**

Hospital Beds



## Funding

Emergency protective measures

Colorado

**\$203.6 million**

South Dakota

**\$178,935**

Montana

**\$13.6 million**

Utah

**\$336,249**

North Dakota

**\$197,554**

Wyoming

**\$30,500**

**677**

Deployed Personnel

DoD

**0**

Title 32 National Guard activated

**545**

FEMA

**126**

HHS

**6**



## Critical Supplies Delivered

**313,760**



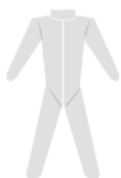
face shields

**1.5 million**



surgical masks

**14,247**



coveralls

**1.6 million**



gloves

**1.1 million**



N95 respirators

**280,817**



gowns

**100**



ventilators



**FEMA**

# COVID-19 By the Numbers

## FEMA Region 9

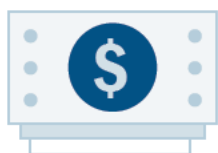


**17**

Alternate Care Facilities

**3,000**

Hospital Beds



## Funding

Emergency protective measures

Arizona

**\$21.6 million**

American Samoa

**\$846,563**

California

**\$1.0 billion**

CNMI

**\$4.9 million**

Hawaii

**\$23.7 million**

Guam

**\$10.0 million**

Nevada

**\$43.8 million**

**5,889**

Deployed Personnel

DoD

**1,130**

Title 32 National Guard activated

**4,483**

FEMA

**224**

HHS

**52**



## Critical Supplies Delivered

**720,919**



face shields

**4.9 million**



surgical masks

**14,874**



coveralls

**2.8 million**



gloves

**3.3 million**



N95 respirators

**593,189**



gowns

**500**



ventilators



# COVID-19 By the Numbers

## FEMA Region 10

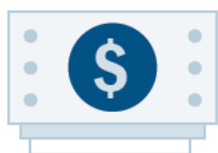


**2**

Alternate Care Facilities

**93**

Hospital Beds



## Funding

Emergency protective  
measures

Alaska

**\$9.8 million**

Oregon

**\$63.2 million**

Idaho

**\$598,972**

Washington

**\$93.0 million**

**1,211**

Deployed Personnel

DoD

**0**

Title 32 National Guard activated

**960**

FEMA

**151**

HHS

**100**



## Critical Supplies Delivered

**370,336**



face shields

**1.5 million**



surgical masks

**11,016**



coveralls

**2 million**



gloves

**1.6 million**



N95 respirators

**384,507**



gowns

**700**

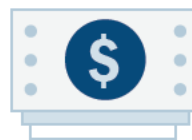
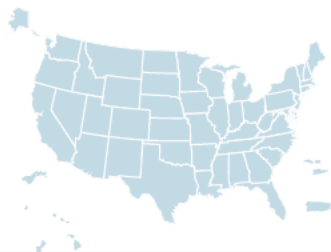


ventilators

# COVID-19 By the Numbers

## 56 Major Disaster Declarations

approved in all  
50 states,  
5 territories and  
Washington DC



## \$5.8 billion

in emergency protective  
measures



## 85

airbridge flight missions

## 209

messages  
to cell phones via the  
Wireless Emergency  
Alert System

## 51

messages  
to broadcast stations via the  
Emergency Alert System

## critical supplies shipped

7.2 million



face shields

104.8 million



surgical masks

866,863



coveralls

798 million



gloves

74.7 million



N95 respirators

15 million



gowns

## 5.2 million

samples tested

129,910 people tested at  
Community Based Testing Sites



## 11,327

ventilators available

## 36,000

National Guard troops  
activated in a Title 32  
duty status



During this time of rapidly evolving circumstances, it is imperative that Executive Branch leadership maintain robust communications with their workforce. Just as President Trump and Vice President Pence do on a daily basis with the American people and the media, a steady stream of information to your workforce helps to reassure them by giving them a sense of clarity and connectedness. The Task Force encourages you to communicate with your employees regularly through email.

The guidance to executive branch has been and continues to be that agency heads have discretion to maximize telework and other flexibilities to promote the health and well-being of their workforce, help slow the spread of the Coronavirus through social distancing, and assist employees with unexpected child care challenges due to sudden and extended school closures, all while ensuring that the vital tasks of government can be carried out.

It is equally critical that the American people know that their government is open and operational even when they hear about building closures and teleworking Federal workers. Sometimes even simple choices about the language we use can help to convey a sense of reassurance. For instance, don't say your office is closed. Your building may be closed to access, but always make clear that your staff is teleworking and fulfilling your mission so your office is very much open and ready to serve.

To ensure that you can carry out your duties in communicating with your workforce in a timely manner while keeping communications on the Federal level consistent, we offer the following tips for you, your senior leadership, and your communications teams on what would require clearance from the Task Force and what can be pushed out without further review.

**Submit for Clearance:**

Coronavirus-related *policy* announcements, such as guidance or travel advisories

Announcements to delay the census, the Moon to Mars initiative, or other items of similar scale that will likely generate media coverage

Any Press inquiries or Comms related item as it relates to the administration's response to COVID-19

**No Clearance Necessary:**

Announcements of major building closures, full agency telework, or other workforce policy changes

Standard language that the Task Force is providing for confirmation of a positive test of a Federal employee

Tips on social distancing, personal hygiene, and workplace or home cleaning to slow the spread, as found at [coronavirus.gov](https://www.coronavirus.gov)

News about what the Federal government is doing to address this national emergency, as found at [coronavirus.gov](https://www.coronavirus.gov)

Information about resources your agency is making available to improve the efficiency of telework, such as increased conference line capacity or IT support hotlines

Please note that agency heads still have discretion to make decisions about their workforce, but it is in the best interests of the nation if Federal leaders communicate with one voice at this time. The Task Force will work to be as quick with turn-around as possible when clearance is needed, but be mindful of giving the Task Force sufficient time to thoroughly review and return comments to you before your deadline to send it to your workforce. **When in doubt about whether the communication requires clearance, you are better off sending it for clearance.**

And, please continue to share your communications even if they don't need to be cleared. We are all very busy these days and to the extent you have found a great way to communicate a message of reassurance and continued purpose with your workforce, other agency heads may be able to learn from your techniques. We ask that you mark your communication clearly as one requesting clearance and one provided for situational awareness in the subject line of your email, just to ensure that items requiring clearance do not get bottlenecked.

Thank you for your continued cooperation,

Margaret Weichert, Deputy Director for Management, OMB

Kristan Nevins, Cabinet Secretary, The White House

Devin O'Malley, Coronavirus Task Force Communications



# Coronavirus (COVID-19) Pandemic Response

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Tuesday, March 24, 2020

## Topline Briefing Points and Messages

- > The federal government continues taking aggressive and proactive steps to address the coronavirus (COVID-19) pandemic. The health and safety of the American people is our top priority.
- > We are halfway through [15 Days to Slow the Spread](#). Do your part to flatten the curve: Stay home as much as much as possible. If you need to go out, practice social distancing.
- > Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole of government response to fight the COVID-19 pandemic and protect the public.
- > On March 22, President Trump directed the Secretary of Defense to allow the states of California, New York and Washington use of the National Guard in a Title 32 status to support state and local emergency assistance efforts.
  - This allows the governors to activate the National Guard to support their disaster response efforts, on a fully reimbursable basis and under their respective command and control, if that becomes necessary. To date, 8,000 National Guard troops have activated to help with testing and other response efforts.
  - Additional states can request this assistance and those requests will be considered.
- > On March 13, 2020, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of Stafford Act. The President's action cuts red tape and bureaucracy and avoids governors needing to request individual emergency declarations.
- > In addition, the states of New York, Washington and California were approved for major disaster declarations to assist with additional needs identified in these states.
- > Medical supplies are en route to these states, including respirators, surgical masks and gowns, face shields, coveralls and gloves, with quantities already delivered to Washington and New York. We anticipate additional supplies will be delivered within the next 24 hours.
- > The U.S. Navy hospital ship Mercy is en route to Los Angeles to provide additional hospital beds and medical staff because the projected cases there are expected to be greater than Washington.
- > FEMA issued a \$350 million Mission Assignment to the U.S. Army Corps of Engineers for construction of alternate care facilities in New York. Four sites have been selected.
- > FEMA is working with the Department of Health and Human Services and the state of New York to complete the construction of a 1,000-bed medical station at the Jacob K. Javits Convention Center in New York City to care for patients with special health needs. These medical stations increase local healthcare capabilities and can be tailored to meet local requirements.



FEMA

## FEMA and HHS Responding

- > All 50 states, the District of Columbia, five territories and two tribes are working directly with FEMA under the nationwide emergency declaration for COVID-19.
  - o States, tribal and territorial governments do not need to request separate emergency declarations to receive FEMA assistance under this nationwide declaration. A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
- > Since February, FEMA has worked directly with the White House Task Force and HHS to provide situational awareness, planning, logistics and supply chain support.
- > FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in 48 states, Guam, Puerto Rico and the U.S. Virgin Islands are at full or partial activation.
- > It is important that requests for assistance, especially for critical supplies, get routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - o Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - o Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
- > FEMA is working with HHS to deliver additional supplies and ventilators. This includes using its Logistics Supply Chain Management System to procure and track commodities to supplement state and tribal purchases.
- > Federal agencies working to meet demands for personal protective equipment (PPE) through new acquisition, DOD allocation and the Strategic National Stockpile.
- > On March 23, FEMA obligated \$31 million to the state of Louisiana to reimburse expenses for the response to COVID-19.
- > On March 22, FEMA obligated \$32 million to the state of California to reimburse costs related to the COVID-19 response.
- > The Department of Health and Human Services (HHS) also has funding available, including \$40 million dollars specifically identified for tribes, tribal organizations, and tribal health service providers.
- > National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective countermeasures for COVID-19, including diagnostics, vaccines, and treatments.

## Supporting Delivery of Critical Goods and Services

- > We are asking governors to keep the roads open for grocery trucks and related supporting supply chains.
  - o Continue to provide safety and priority to your health care staffs, law enforcement, EMT, fire and new responders who include truck drivers, fuel providers and grocery clerks.

## Community-Based Testing Sites (CBTS)

- > To date, over 250,000 tests have been performed for COVID-19 in state and local public health and commercial laboratories throughout the U.S. Approximately 10% of individuals test positive for coronavirus.

- > Federal officials and the U.S. Public Health Service are working closely with state, local and private sector partners to bolster testing capabilities and supplies. We're working to make testing more easily accessible to high risk populations: healthcare facility workers, and first responders. There are currently 27 sites open in 10 states.
- > Community-based Testing Sites (CBTSs) are focused on testing our nation's frontline heroes, healthcare facility workers and first responders, who are working around the clock to provide care, compassion, and safety to Americans.
- > It is critical to test healthcare facility workers and first responders who are concerned that they may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.
- > CBTSs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.

#### Ventilator Guidance

- > On March 22, the FDA issued guidance that will help expand the availability of ventilators and accessories, as well as other respiratory devices, during the COVID-19 pandemic. This guidance will help increase availability by providing the maximum regulatory flexibility.
- > The new guidance will also assist health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- > Additionally, the FDA is providing information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during the COVID-19 public health emergency.

#### Defense Production Act

- > On March 18, President Trump issued an executive order outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
- > Because of the outpouring of support from the private sector, there has not been immediate need to use DPA.
- > The order provides federal departments with the authority to take actions implementing the DPA, if and as necessary. This includes the ability to prioritize acceptance and fulfillment of contracts, allocate limited supplies, incentivize investment in additional production capacity, and enter voluntary agreements with industry partners that might otherwise be subject to antitrust laws.
- > Additional information on the Defense Production Act and how its authorities may be used to support the national response to COVID-10 is available at [fema.gov/coronavirus](https://fema.gov/coronavirus).

#### Other Federal Agencies

- > The U.S. Army Corps of Engineers completed 14 reconnaissance missions. Nearly 200 USACE personnel are supporting the COVID-19 mission.
- > The Small Business Administration is providing low-interest loans to small businesses and nonprofits severely impacted by the Coronavirus (COVID-19). The SBA also announced deferments on all SBA disaster loans from previous disasters, effective through December 31, 2020.
- > The U.S. Department of Labor announced the availability of up to \$100 million for Dislocated Worker Grants to help address the workforce-related impacts related to COVID-19.

- > The U.S. Department of Housing and Urban Development issued a moratorium on foreclosures and evictions for single family homeowners with FHA-insured mortgages for the next 60 days.
- > The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- > The U.S. Department of Education announced all borrowers with federally held student loans will have zero interest rates for at least 60 days. Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.

#### Combatting Disinformation and Rumors

- > There are foreign adversaries who are trying to cause chaos in our country and spread disinformation and rumors.
- > To help the American public distinguish between rumors and facts regarding the response to COVID-19, FEMA has created a Rumor Control page on FEMA.gov. The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](https://fema.gov/coronavirus).
- > Check the sources of information you see about COVID-19 by seeking out trusted, verified sources like [coronavirus.gov](https://coronavirus.gov) or your state and local government's official accounts.
- > Everyone can do their part to stop the spread of disinformation by doing three things; don't believe rumors, don't pass them along, and go to trusted sources of information to get the facts.

#### How to Help

- > Cash donations to the non-profit of your choice IS THE BEST donation.
- > If you have medical supplies or equipment to donate, please email FEMA's National Business Emergency Operations Center at [nbeoc@fema.dhs.gov](mailto:nbeoc@fema.dhs.gov).
- > Trained medical volunteers can offer their services by registering with a National VOAD member on [nvoad.org](https://nvoad.org).
- > One thing people can do to help is to donate blood. Many blood drives have been cancelled, impacting the supply. Blood donation centers have the highest standards of safety and infection control. To find where you can donate blood, visit [redcross.org](https://redcross.org).
- > To sell medical supplies or equipment to the federal government, businesses can register through the [System for Award Management](https://www.sam.gov) (SAM) website.

#### Strategic National Stockpile

- > The Strategic National Stockpile (SNS) continues to ship medical equipment nationwide.
- > As of March 23, the SNS has delivered the following personal protective equipment and supplies to support public health authorities in the states, four largest metro areas and U.S. territories:
  - o 7.6 million N95 respirators
  - o 14.3 million surgical/face masks
  - o 2.4 million face shields
  - o 720 ventilators
  - o 1.9 million gowns
  - o 8,500 coveralls
  - o 12.4 million gloves



# Coronavirus (COVID-19) Pandemic

## Whole-of-Government Response

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Wednesday, March 25, 2020

### Topline Briefing Points and Messages

- > The federal government continues to take aggressive and proactive steps to address the coronavirus (COVID-19) pandemic. The health and safety of the American people is our top priority.
- > We are halfway through [15 Days to Slow the Spread](#). Do your part to flatten the curve: Stay home as much as much as possible. If you need to go out, practice social distancing.
- > Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole of government response to fight the COVID-19 pandemic and protect the public.
- > On March 22, President Trump directed the Secretary of Defense to allow the states of California, New York and Washington use of the National Guard in a Title 32 status to support state and local emergency assistance efforts.
  - o This allows the governors to activate the National Guard to support their disaster response efforts, on a fully reimbursable basis and under their respective command and control, if that becomes necessary. To date, more than 9,000 National Guard troops have activated to help with testing and other response efforts.
  - o Additional states can request this assistance and those requests will be considered.
- > On March 13, 2020, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of Stafford Act. The President's action cuts red tape and bureaucracy and avoids governors needing to request individual emergency declarations.
- > In addition, the states of New York, Washington, California, Iowa and Louisiana were approved for major disaster declarations to assist with additional needs identified in these states.
- > 11 states and 4 tribes have issued full stay-at-home orders; in addition, 5 states have issued partial or localized orders
- > Medical supplies are en route to states, including respirators, surgical masks and gowns, face shields, coveralls and gloves, with quantities already delivered to Washington, New York and California. We anticipate additional supplies will be delivered within the next 24 hours.
- > The U.S. Navy hospital ship Mercy is en route to Los Angeles to provide additional hospital beds and medical staff and is expected to arrive by March 27.
- > The U.S. Navy hospital ship Comfort is scheduled to arrive in New York on April 7.
- > FEMA issued a \$350 million Mission Assignment to the U.S. Army Corps of Engineers for construction of alternate care facilities in New York. Four sites have been selected.

## FEMA and HHS Responding

- > All 50 states, the District of Columbia, five territories and four tribes are working directly with FEMA under the nationwide emergency declaration for COVID-19.
  - o States, tribal and territorial governments do not need to request separate emergency declarations to receive FEMA assistance under this nationwide declaration. A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
- > FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country.
  - o Emergency operations centers in all states and territories are activated.
- > It is important that requests for assistance, especially for critical supplies, get routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - o Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - o Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
- > At the request of New York state, FEMA issued a \$6 million Mission Assignment to HHS to provide round the clock medical staff to care for non-critical patients in the state.
- > FEMA and HHS are working with the Governor of New York, and New York City officials to set up a 1,000-bed medical station at the Javits Center in Manhattan as part of the nationwide emergency declaration for COVID-19.
  - o This site will care for patients with non-COVID-19 health needs.
  - o The medical station increases local healthcare capabilities and can be tailored to meet local requirements.
- > FEMA and HHS are working with New York on additional temporary hospital sites that could be used, including a 600-bed capacity nursing home facility in Brooklyn, and numerous floors of a high-rise building on Wall Street.
- > FEMA is working with HHS to deliver additional supplies and ventilators. This includes using its Logistics Supply Chain Management System to procure and track commodities to supplement state and tribal purchases.
- > FEMA delivered 400 ventilators to New York on March 23; another 4,000 will be delivered within the next 12 to 24 hours.
- > Additionally, we have posted a Request for Information to the private sector for ventilators and are working with industry partners to distribute as quickly as possible.
- > Federal agencies are working to meet demands for personal protective equipment (PPE) through new acquisition, DOD allocation and the Strategic National Stockpile.
- > FEMA and other federal agencies are working with officials from several states to support requests for non-congregate sheltering for at-risk homeless population as an emergency protective measure to address the public health emergency and prevent further spread.
- > On March 23, FEMA obligated \$31 million to the state of Louisiana to reimburse expenses for the response to COVID-19.
- > On March 22, FEMA obligated \$32 million to the state of California to reimburse costs related to the COVID-19 response.
- > The Department of Health and Human Services also has funding available, including \$40 million, specifically identified for tribes, tribal organizations, and tribal health service providers.
- > National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective countermeasures for COVID-19, including diagnostics, vaccines, and treatments.

**Community-Based Testing Sites (CBTS)**

- > To date, over 369,000 tests have been performed for COVID-19 in state and local public health and commercial laboratories throughout the U.S. Approximately 10% of individuals test positive for coronavirus.
- > Federal officials and the U.S. Public Health Service are working closely with state, local and private sector partners to bolster testing capabilities and supplies. We're working to make testing more easily accessible to high risk populations: healthcare facility workers, and first responders. There are currently 91 sites open in 50 states, the District of Columbia, Guam and Puerto Rico.
- > Community-based Testing Sites (CBTSs) are focused on testing our nation's frontline heroes, healthcare facility workers and first responders, who are working around the clock to provide care, compassion, and safety to Americans.
- > It is critical to test healthcare facility workers and first responders who are concerned that they may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.
- > People without symptoms who have not been exposed to COVID-19 should not be tested.
- > CBTSs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.

**Ventilator Guidance**

- > On March 22, the FDA issued guidance that will help expand the availability of ventilators and accessories, as well as other respiratory devices, during the COVID-19 pandemic. This guidance will help increase availability by providing the maximum regulatory flexibility.
- > The new guidance will also assist health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- > Additionally, the FDA is providing information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during the COVID-19 public health emergency.

**Defense Production Act**

- > On March 18, President Trump issued an executive order outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
- > Because of the outpouring of support from the private sector, there has not been immediate need to use DPA.
- > The order provides federal departments with the authority to take actions implementing the DPA, if and as necessary. This includes the ability to prioritize acceptance and fulfillment of contracts, allocate limited supplies, incentivize investment in additional production capacity, and enter voluntary agreements with industry partners that might otherwise be subject to antitrust laws.

**Other Federal Agencies**

- > The US Coast Guard is tracking 7 cruise ships scheduled to arrive in the U.S. with a total of 10,330 passengers and 5,621 crew.
- > The U.S. Army Corps of Engineers completed 14 reconnaissance missions. Nearly 200 USACE personnel are supporting the COVID-19 mission.
- > The Small Business Administration is providing low-interest loans to small businesses and nonprofits severely impacted by the Coronavirus (COVID-19). The SBA also announced deferments on all SBA disaster loans from previous disasters, effective through Dec. 31.
- > The U.S. Department of Labor announced the availability of up to \$100 million for Dislocated



Worker Grants to help address the workforce-related impacts related to COVID-19.

- > The U.S. Department of Housing and Urban Development issued a moratorium on foreclosures and evictions for single family homeowners with FHA-insured mortgages for the next 60 days.
- > The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- > The U.S. Department of Education announced all borrowers with federally held student loans will have zero interest rates for at least 60 days. Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.

#### Combatting Disinformation and Rumors

- > To help the American public distinguish between rumors and facts regarding the response to COVID-19, FEMA has created a Rumor Control page on FEMA.gov. The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](https://fema.gov/coronavirus).
- > Check the sources of information you see about COVID-19 by seeking out trusted, verified sources like [coronavirus.gov](https://coronavirus.gov) or your state and local government's official accounts.
- > Everyone can do their part to stop the spread of disinformation by doing three things; don't believe rumors, don't pass them along, and go to trusted sources of information to get the facts.

#### How to Help

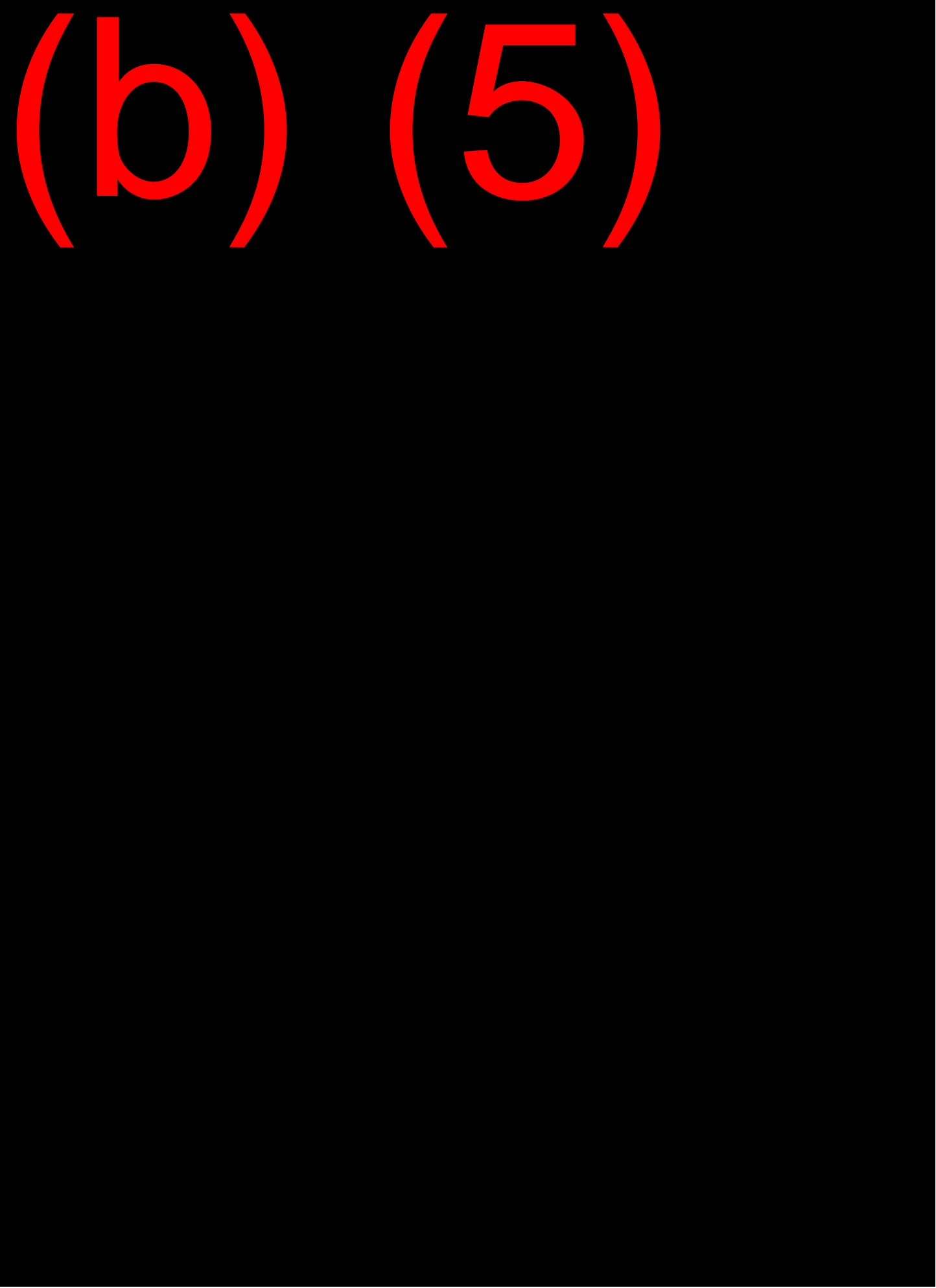
- > Cash donations to the nonprofit of your choice **is the best** donation. Do not collect or distribute donations of supplies without understanding community needs.
- > Businesses that have medical supplies or equipment to donate are asked to go to [www.fema.gov](https://www.fema.gov) and provide of the offer through our online medical supplies and equipment form. The direct web link is [www.fema.gov/coronavirus/covid-19-donations](https://www.fema.gov/coronavirus/covid-19-donations).
- > To sell medical supplies or equipment to the federal government, please email specifics to [covidsupplies@fema.dhs.gov](mailto:covidsupplies@fema.dhs.gov).
- > Licensed medical volunteers can offer their services by registering with the [Emergency System for Advance Registration of Volunteer Health Professionals](#). You can access a direct link to do so through [fema.gov](https://fema.gov)
- > One thing people can do to help is to donate blood. Many blood drives have been cancelled, impacting the supply. Blood donation centers have the highest standards of safety and infection control. To find where you can donate blood, visit [redcross.org](https://redcross.org).

#### Strategic National Stockpile

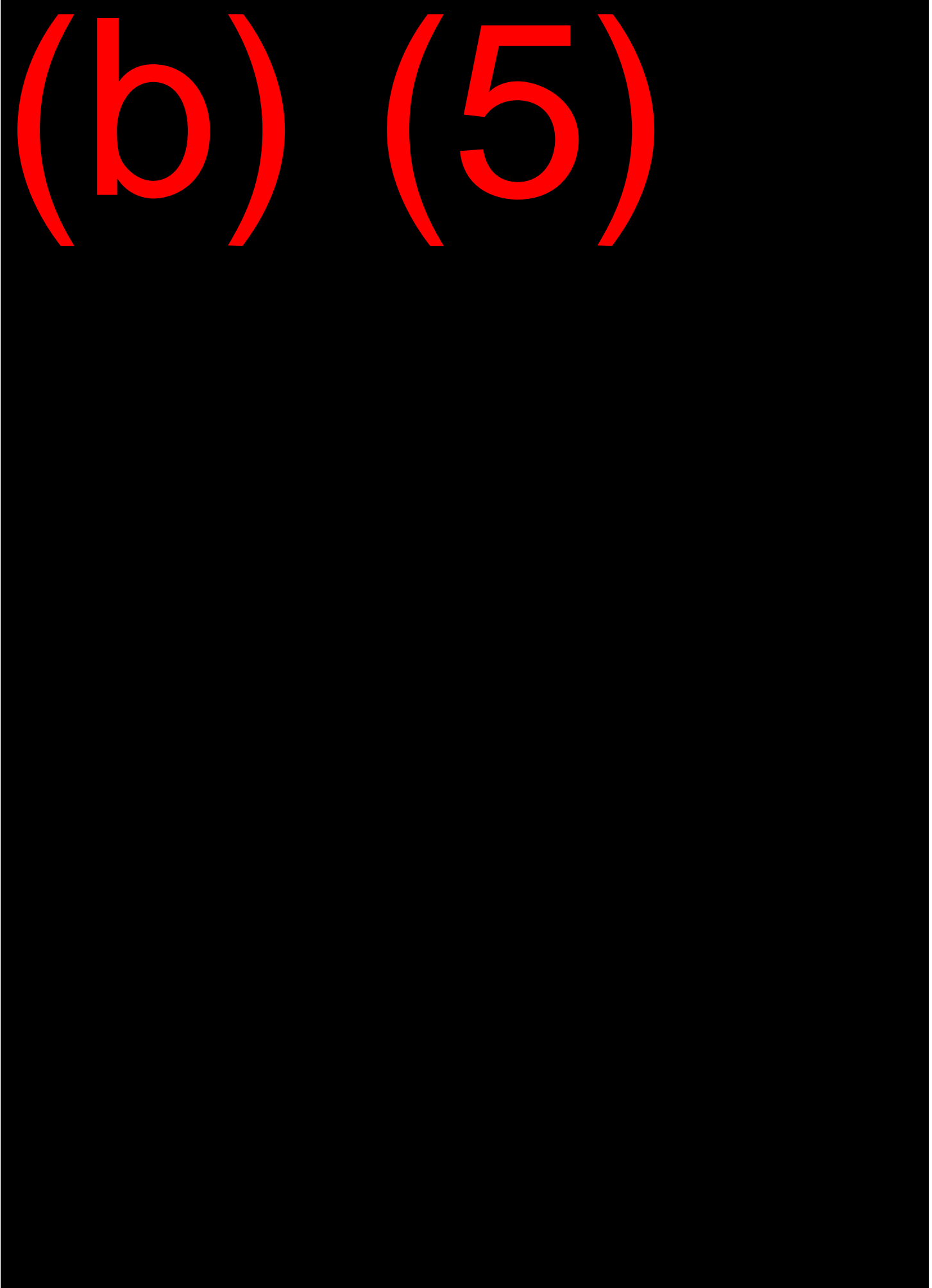
- > The Strategic National Stockpile (SNS) continues to ship medical equipment nationwide.
- > As of March 23, the SNS has delivered the following personal protective equipment and supplies to support public health authorities in the states, four largest metro areas and U.S. territories:
  - o 7.6 million N95 respirators
  - o 14.3 million surgical/face masks
  - o 2.4 million face shields
  - o 720 ventilators
  - o 1.9 million gowns
  - o 8,500 coveralls
  - o 12.4 million gloves
- > Additionally, FEMA in conjunction with the White House purchased and delivered:
  - o 414,000 N95 respirator masks
  - o More than 550 bottles of hand sanitizer
  - o 1.1 million gloves
  - o More than 4,000 cases of disposable garments
  - o 1,500 Tyvek suits



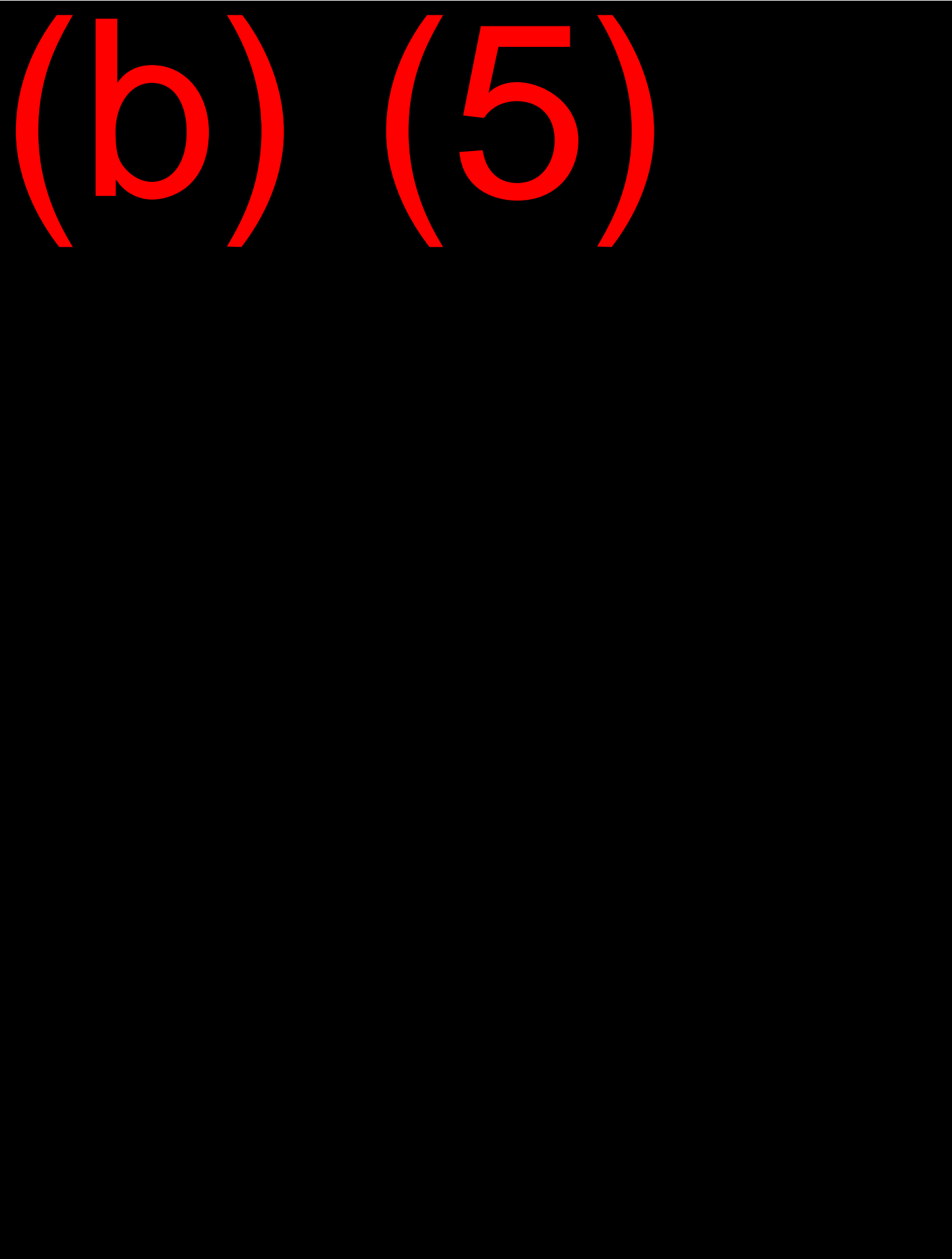
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# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Monday, March 31, 2020

**“THIS IS A BIG-TIME, VISIBLE SIGN OF WHAT OUR GOVERNMENT IS LIKE WHEN WE PUT IT INTO ACTION. FEMA’S WORKING WITH THE CITY, WITH THE STATE, TO SUPPLY EVERYTHING WE POSSIBLY CAN AND WORKING WITH HHS TO GET AS MANY MEDICAL PEOPLE HERE AS WE CAN. – REGION II REGIONAL ADMINISTRATOR THOMAS VON ESSEN**

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### Topline Briefing Points and Messages

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- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole of America response to fight the COVID-19 pandemic and protect the public.
- The health and safety of the American people are our top priority.
- On March 29, the president extended the nation’s [Slow the Spread](#) campaign until April 30. The American people play a key role in the campaign to help slow the virus’ spread and keep our most high-risk populations safe.
  - The initiative presents the entire country with an opportunity to implement actions designed to slow and limit the spread of COVID-19, like staying home as much as possible, canceling or postponing gatherings of more than 10 people, and taking additional steps to distance yourself from other people.
  - For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at [www.coronavirus.gov](http://www.coronavirus.gov).
- On March 27, President Trump signed the CARES Act into law. The CARES Act allocates \$2 trillion to COVID-19 response efforts.
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S.
  - FEMA coordinated an air bridge for flights from Asia beginning Sunday, March 29 which delivered 80 tons of much needed PPE supplies to New York, New Jersey and Connecticut.
  - The second flight landed in Chicago on March 30. FEMA has scheduled additional flights and is adding more daily.
  - Each flight will contain critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks in varying quantities. FEMA will not have detailed visibility on the amount of PPE until the flights are loaded overseas.
  - Upon arrival, the PPE will be provided, in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain. Prioritization will be given to hospitals, health care facilities, and nursing homes around the country.

- Over the next 48 hours, FEMA and HHS will deliver ventilators from the Strategic National Stockpile to Michigan (400), New Jersey (300), Illinois (150), Connecticut (50) and Louisiana (150).
- Twenty-nine states and 12 tribes have issued stay at home orders.

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## Medical Hotspots

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### New York City and New York

- FEMA and HHS are working with the Governor of New York, and New York City officials to set up a medical station at the Javits Center in Manhattan to supplement local healthcare capabilities.
  - The Javits Center is now operational with 1,000 medical beds. Phase two begins March 31 for an additional 2,000 beds.
  - The station will care for patients with non-COVID-19 healthcare needs.
  - Additional temporary hospital sites are being worked, including a 600-bed capacity nursing home facility in Brooklyn, and numerous floors of a high-rise building on Wall Street.
- The USNS Comfort is at Pier 90 in New York City and is expected to begin operations today.
  - The Comfort is equipped with 12 operating rooms, 1,000 hospital beds, a medical laboratory, a pharmacy, an optometry lab, digital radiology services, a CAT-scan, two oxygen producing plants, a helicopter deck and a crew of nearly 1,200 U.S. military personnel.
  - The crew onboard will provide critically needed medical surge capacity for New York Metropolitan area. Their mission will be to care for New Yorkers who do not have COVID-19, but who require urgent medical care.
- FEMA issued a \$350 million Mission Assignment to the U.S. Army Corps of Engineers for construction of additional alternate care facilities in New York. Four sites have been selected.
  - The U.S. Army Corps of Engineers awarded contracts for three New York state priorities for alternate care facility conversions at State University (SUNY) Stony Brook, SUNY Old Westbury, and for the Westchester Community Center.
  - In total, the alternative care facilities in New York will expand hospital capacity by approximately 6,000 beds.
- At the request of New York state, FEMA issued a \$6 million Mission Assignment to HHS to provide round the clock medical staff to care for non-critical patients in the state.
- Supplies from the Strategic National Stockpile were delivered to New York for distribution to medical facilities in the most impacted areas. Supplies delivered include 2,000 ventilators for the State and 2,400 ventilators for New York City.
- Requests currently being processed include 250 ambulances for New York City and assistance from the Disaster Mortuary Operational Response Team (DMORT) for 85 refrigerated storage units and mortuary affairs teams.
  - The Office of the Assistant Secretary for Preparedness and Response has deployed two subject matter experts from the DMORT to NYC to serve as consultants for mortuary affairs and to help identify federal support needed in the area.

## California

- The U.S. Army Corps of Engineers has completed the assessment of eight state-selected facilities to develop large-scale, supplemental hospital space as the state works to expand existing hospital capacity by up to 50,000 beds.
- The USNS Mercy hospital ship is operational and receiving patients in Los Angeles. It has 1,000 hospital beds available to help relieve strains on local hospital systems.
- Supplies from the Strategic National Stockpile have arrived in California and are being distributed to medical facilities throughout the state.
- FEMA completed the sale of 105 travel trailers to the state to support a State COVID-19 housing initiative for impacted individuals.
- On March 29, the first of eight Federal Medical Stations initiated operations.
- As of March 29, FEMA had obligated \$862 million in federal support for the state of California, including \$468 million to the state to reimburse costs related to the COVID-19 response.

## Washington

- Department of Defense sourced the 627th Hospital Center/10th Field Hospital to support COVID-19 response in Washington.
  - The field hospital includes 148 bed capacity with ability to increase to 250 beds and 366 trained medical personnel
- Field hospital/alternate medical facility assessments are underway in Washington.
  - Assessment teams are evaluating four potential sites for alternate medical facilities. Teams are comprised of members from DOD, USACE, FEMA, HHS, and state, county, and local officials.
- Initial operations to begin March 31 to staff ACS Century Link Field Event Center in Seattle with 275 personnel from 62nd Medical Brigade plus augment units. This will have a combined capability of 248 total beds. Expected to be fully operational by April 7.
- As of March 28, FEMA has obligated \$222 million in federal support for the state of Washington.

## New Orleans, Louisiana

- Three Community Based Testing Sites are open and operational in New Orleans.
- An epidemiology team from the Centers for Disease Control and Prevention (CDC) arrived at the Louisiana Emergency Operations Center on March 26.
- Additional support being sent to the state to increase state hospital capacity includes two 250-bed Federal Medical Stations and U.S. Army Corps of Engineers support for assessment and evaluation of alternative care facilities.
  - A 3,000-bed alternate care site is being established at the New Orleans Convention Center to be operational by April 2.
- As of March 28, FEMA has obligated \$44.2 million in federal support for the state of Louisiana for the response to COVID-19.

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## FEMA and HHS Response

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- On March 13, 2020, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of Stafford Act to avoid governors needing to request individual emergency declarations.
- All 50 states, the District of Columbia, five territories and 16 tribes are working directly with FEMA under the nationwide emergency declaration for COVID-19.
  - States, tribal and territorial governments do not need to request separate emergency declarations to receive FEMA assistance under this nationwide declaration. A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- In addition, the states of Alabama, California, Colorado, Connecticut, Florida, Illinois, Iowa, Kansas, Kentucky, Louisiana, New Jersey, New York, North Carolina, Maryland, Massachusetts, Michigan, Missouri, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas and Washington, as well as Washington, D.C., the Commonwealth of Puerto Rico, and the territory of Guam were approved for major disaster declarations to assist with additional needs identified in these states.
- FEMA has obligated over \$2.8 billion in support of COVID-19 efforts, with major obligations including:
  - \$784 million to New York, obligated on March 22 (\$350 million) and March 28 (\$434 million), for deployable temporary medical treatment facilities.
  - \$468 million to California on March 28 to reimburse expenses.
  - \$244 million to California on March 24 for deployable temporary medical treatment facilities.
  - \$237 million to Texas on March 28 to reimburse expenses.
  - \$210 million to Washington on March 23 for deployment of DOD assets to provide acute care medical surge support to decompress existing medical treatment.
  - \$200 million to New Jersey on March 29 to design, build and/or upgrade alternative care facilities for acute patient care.
  - \$121 million to New York on March 27 to purchase up to 500 million N95 or equivalent masks.
- To date, 94 CDC, state and local public health labs have tested more than one million individuals.
- It is important that requests for assistance, especially for critical supplies, get routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Federal agencies are working to meet demands for personal protective equipment (PPE) through new acquisition, DOD allocation and the Strategic National Stockpile.
  - The CDC released [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources and make contingency plans or alternative strategies when supplies are limited.
- FEMA is working with HHS to deliver supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.
  - On March 21, HHS awarded contracts to five companies to purchase approximately 600 million N-95 respirators over the next 18 months. This purchase will encourage manufacturers to increase production of N-95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled once the COVID-19 response subsides.
  - Additionally, a Request for Information has been issued to the private sector for ventilators.
  - FEMA issued a [request for quotation](#) on March 26, 2020, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).
- In response to concerns of undue financial hardships, FEMA's National Flood Insurance Program is extending the 30-day grace period for policies with expiration dates between February 13 and June 15 to 120 days.
  - Specifically, the grace period extension means that policyholders will be allowed to renew their policies up to 120 days after the expiration date without facing a lapse in coverage.
- As of March 30, 15 states, the District of Columbia, one tribe and one U.S. territory have sent a total of 88 text messages to cell phones containing information on COVID-19 via the Wireless Emergency Alert system, and 26 messages to broadcast stations via the Emergency Alert System.
- On March 24, HHS announced \$250 million in grants from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, [HHS awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS also has funding available, including [\\$80 million dollars specifically identified for tribes](#), tribal organizations, and tribal health service providers.
- National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective countermeasures for COVID-19, including diagnostics, vaccines and treatments.
- CDC has issued a [Global Level 3 Travel Health Notice](#), advising travelers to avoid all nonessential international travel. [Travelers returning from international destinations](#) should stay home for a period of 14 days after returning to the United States, monitor their health and practice social distancing.
- CDC has issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.

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## Federal Funding of National Guard Under Title 32

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- On March 22, President Trump directed the Secretary of Defense to permit full Federal reimbursement, by FEMA, for some states' use of their National Guard forces.
  - The President's action provides Governors continued command of their National Guard forces, while being federally funded under Title 32, enabling these States to use the additional resources to meet the missions necessary in the COVID-19 response.
  - Each state's National Guard is still under the authority of the Governor and is working in concert with the Department of Defense.
- To date, President Trump approved requests from California, Connecticut, Florida, Guam, Illinois, Louisiana, Massachusetts, Maryland, Michigan, New Jersey, New York, Puerto Rico, Washington, and Washington, D.C.
  - Twenty (20) requests are pending for approval of federal support for use of National Guard personnel in a Title 32 duty status.
- Title 32 requests from states and territories will be considered for approval by the President based on the following criteria:
  - A state or territory must have been approved for a Major Disaster declaration for the COVID-19 response or have submitted a Major Disaster Declaration request to FEMA for review.
  - The state or territory must have activated the lesser of 500 individuals or 2 percent of National Guard personnel in the state or territory in response to COVID-19.
  - A specific request for the reimbursement through Title 32 status must be submitted to the FEMA Administrator via the FEMA Regional Administrator, identifying specific emergency support functions the National Guard will carry out for COVID-19 support in accordance with the Stafford Act.
- For those states and territories that are approved under these criteria, FEMA will execute a fully reimbursable mission assignment to the Department of Defense, including reimbursement for pay and allowances of National Guard personnel serving in a Title 32 duty status in fulfillment of the FEMA mission assignment.
  - Pursuant to this approval, the Federal Government will fund 100 percent of the cost share for 30 days from the date of the authorizing Presidential Memorandum.
  - The Administration will continue to work with States approved for 100 percent cost share to assess whether an extension of this level of support is needed.
- The use of federal funding for Title 32 will not federalize command of the activated National Guard personnel. Each state's National Guard is still under the authority of the Governor and is working in concert with the Department of Defense.

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## Community-Based Testing Sites

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- To date, 28 federal Community-Based Testing Sites (CBTS) have screened more than 34,400 individuals.
- A plan has been released to transition all community-based testing sites to state-led operations by April 10 including the demobilization of U.S. Public Health Service officers, and resupply using state managed medical supply procurement and/or standard FEMA RRF process.
- Federal officials and the U.S. Public Health Service are working closely with state, local and private sector partners to bolster testing capabilities and supplies. We're working to make

testing more easily accessible to high risk populations: healthcare facility workers, and first responders.

- It is critical to test healthcare facility workers and first responders who are concerned that they may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.
- People without symptoms who have not been exposed to COVID-19 should not be tested.
- CBTs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.

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## Strategic National Stockpile

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- The Strategic National Stockpile (SNS) continues to ship medical equipment nationwide.
- FEMA is beginning to process another allocation of personal protective equipment (PPE) from the SNS and we expect it to arrive to the states over the course of the next week. These shipments will be sent across the country with prioritization given to areas in greatest need
- As of March 28, the SNS has delivered or is currently shipping the following personal protective equipment and supplies to support public health authorities across the U.S. and its territories:
  - 11.6 million N-95 respirators, 26 million surgical masks, 5.2 million face shields, 4.3 million surgical gowns, 22 million gloves, 132,000 coveralls and 8,100 ventilators.

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## FDA Ventilator Guidance

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- On March 24, the FDA issued an [Emergency Use Authorization \(EUA\) for Ventilators](#).
  - The EUA allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators.
- The new guidance will also assist health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- Additionally, the FDA is providing information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during the COVID-19 public health emergency.

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## CDC Respirator Guidance

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- CDC recognizes that—when N95 supplies are running low—crisis capacity or alternate [strategies to optimize the supply of respirators](#) in healthcare settings may be considered.
  - These strategies to conserve supply would come after the use of conventional and contingency capacity strategies.
  - These measures may include the use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators.
- Respirators are quite complex and vary by manufacturer, making it challenging to develop a single disinfection method that would apply to all models.
  - At present, there are no CDC-approved methods for decontaminating disposable respirators prior to reuse.

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## Defense Production Act

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- On March 18, President Trump issued an [Executive Order](#) outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
  - The order provides federal departments with the authority to take actions implementing the DPA, if and as necessary.
- On March 27, President Trump directed the Secretary of Health and Human Services to use Defense Production Act authorities to require General Motors to accept, perform and prioritize federal contracts for ventilators.
  - The invocation of the DPA demonstrates that the President will not hesitate to use the full authority of the federal government to combat this crisis.
  - There continues to be an outpouring of support from the private sector, which has limited the need to use DPA.
- The President also signed an [Executive Order](#) on March 27 which clarifies and updates Presidential delegations to federal agencies under the Defense Production Act (DPA).
  - For the purposes of COVID-19 response, the EO delegates a number of DPA authorities jointly to the Secretary of Health and Human Services (HHS) and the Secretary of Homeland Security (DHS).
  - The EO also assigns the Assistant to the President for Trade and Manufacturing Policy (Peter Navarro) as the National Defense Production Act Policy Coordinator.

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## Other Federal Agencies

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- Many telecommunication companies are working with the Federal Communications Commission to “[Keep Americans Connected](#)”. This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- On March 28, the Office of Personnel Management Announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- On March 28, the Centers for Medicare and Medicaid Services sent a letter to the nation’s hospitals requesting they report data to the U.S. Department of Health and Human Services, Centers for Disease Control, and CDC National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On March 24, the Department of Justice created [a national task force](#) to actively look for and act on hoarding and price gouging.
  - The task force is a result of the [March 23 Executive Order](#) and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
- The National Guard is activated in 32 states, providing medical testing, assessments, logistics, planning and liaison support.
  - To date, more than 14,000 National Guard troops have activated to help with testing and other response efforts.
- The Coast Guard is currently tracking five (5) cruise ships due to arrive in the U.S. with a total of more than 9,000 passengers and crew.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- There are currently 36 cruise ships in and around Florida ports, with over 33,800 crew members, in or near Florida ports.
  - The Coast Guard continues to coordinate Medical Evacuations of COVID related critically ill crew members from cruise ships, in and around Florida ports.
- A Unified Command including U.S. Coast Guard and the Miami Transportation Security Administration (TSA) are working to repatriate 1,200 crew members from two cruise ships located off the coast of Miami.
- On March 28, The Cybersecurity and Infrastructure Security Agency (CISA) published updated [guidance on essential critical infrastructure workers](#) during COVID-19 response.
- The U.S. Army Corps of Engineers completed 14 reconnaissance missions. As of March 28, 1,121 USACE personnel are activated to support the COVID-19 mission.
- The Small Business Administration is providing low-interest loans to small businesses and nonprofits severely impacted by the Coronavirus (COVID-19). The SBA also announced [deferments on all SBA disaster loans from previous disasters](#), effective through Dec. 31.
- The U.S. Department of Labor [announced the availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.
- The Food and Drug Administration approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- The Department of Homeland Security has [extended the REAL ID enforcement deadline](#) to Oct. 1, 2021

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## CDC Public Guidance

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- Following state, tribal and local officials' instructions to stay at home is an important way to help. Social distancing not only protects you, but it protects the people you care about.
  - [COVID-19 spreads](#) between people who are in close contact with one another—that's why the CDC recommends staying at least 6 feet away from other people.
  - Staying home and limiting your interactions with people can break the chain of transmission and halt the spread of this new virus.
  - People who are infected but do not have symptoms likely play an important role in the spread of COVID-19.
- Recent studies indicate that the virus can be spread by people before they develop symptoms (pre-symptomatic) or people who never develop symptoms (asymptomatic).
  - [CDC's recent article](#) about an outbreak in a skilled nursing facility in King County, Washington, underscores the importance of social distancing to break the train of COVID-19 transmission, especially when there is spread from people who have no symptoms.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- CDC's guidance regarding the use of facemasks remains the same.
  - **If you are sick:** You should wear a facemask, if available, when you are around other people (including before you enter a healthcare provider's office).
  - **If you are caring for someone who is sick:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then as their caregiver, you should wear a facemask when in the same room with them.

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## Coping with Stress

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- Stress during an infectious disease outbreak, like the COVID-19 pandemic, can cause fear and worry. You may feel overwhelmed by strong emotions.
- Taking care of yourself, your friends, and your family can help you cope with stress.
- It's essential that during this time, as we make sure we are physically distancing ourselves from others, we keep up the social connection. This includes staying connected by phone, email, or chat in order to remain connected to family and friends.
- Helping others cope with their stress makes your community stronger.
- CDC has [recommendations](#) for things you can do to support yourself by managing your anxiety and stress.

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## Combating Disinformation and Rumors

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- To help the American public distinguish between rumors and facts regarding the response to COVID-19, FEMA has created a Rumor Control page on FEMA.gov. The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](https://fema.gov/coronavirus).
- Check the sources of information you see about COVID-19 by seeking out trusted, verified sources like [www.coronavirus.gov](https://www.coronavirus.gov) or your state and local government's official accounts.
- Everyone can do their part to stop the spread of disinformation by doing three things; don't believe rumors, don't pass them along, and go to trusted sources of information to get the facts.

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## How to Help

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- Cash donations to the nonprofit of your choice IS THE BEST donation. Do not collect or distribute donations of supplies without understanding community needs.
- Businesses that have medical supplies or equipment to donate are asked to go to [www.fema.gov](https://www.fema.gov) and provide of the offer through our online medical supplies and equipment form.
- To sell medical supplies or equipment to the federal government, please submit a price quote under the [COVID-19 PPE and Medical Supplies Request for Quotation](#). Full details can be found in the solicitation ([Notice ID 70FA2020R00000011](#)).
- Licensed medical volunteers can offer their services by registering with [the Emergency System for Advance Registration of Volunteer Health Professionals](#). You can access a direct link to do so through [fema.gov](https://fema.gov).
- One thing people can do to help is to donate blood. Blood donation centers have the highest standards of safety and infection control. To find where you can donate blood, visit [www.aabb.org/giveblood](https://www.aabb.org/giveblood).



# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Wednesday, April 1, 2020

**“OUR STRENGTH WILL BE TESTED AND OUR ENDURANCE WILL BE TRIED, BUT AMERICA WILL ANSWER WITH LOVE AND COURAGE AND IRONCLAD RESOLVE. THIS IS THE TIME FOR ALL AMERICANS TO COME TOGETHER AND DO OUR PART.”**

**- PRESIDENT DONALD J. TRUMP**

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### Topline Briefing Points and Messages

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- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole of America response to fight the COVID-19 pandemic and protect the public.
- The health and safety of the American people are our top priority.
- On March 31, the president extended the nation’s [Slow the Spread](#) campaign until April 30.
  - The American people play a key role in the campaign to help slow the virus’ spread and keep our most high-risk populations safe.
  - The initiative presents the entire country with an opportunity to implement actions designed to slow and limit the spread of COVID-19, like staying home as much as possible, canceling or postponing gatherings of more than 10 people, and taking additional steps to distance yourself from other people.
  - For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at [www.coronavirus.gov](http://www.coronavirus.gov).
- On March 27, President Trump signed the CARES Act into law. The CARES Act allocates \$2 trillion to COVID-19 response efforts.
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S.
  - FEMA coordinated an air bridge for flights from Asia beginning Sunday, March 29 which delivered 80 tons of much needed PPE supplies to New York, New Jersey and Connecticut.
  - The second flight landed in Chicago on March 30; and, one landed in Miami last night and another in New York this morning. FEMA has scheduled additional flights and is adding more daily.
  - Each flight will contain critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks in varying quantities. FEMA will not have detailed visibility on the amount of PPE until the flights are loaded overseas.
  - Upon arrival, the PPE will be provided, in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain. Prioritization will be given to hospitals, health care facilities, and nursing homes around the country.

- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure the ventilators are shipped to the states in the amount needed to manage the immediate crisis.
  - At present, the federal government has 10,469 total ventilators available, which includes 9,404 in the Strategic National Stockpile and 1,065 available from the Department of Defense.
  - To submit a request, states and tribes will work through their FEMA/ HHS regional leadership.
- Over the next 24 hours, FEMA and HHS will deliver ventilators from the Strategic National Stockpile to Michigan (400), New Jersey (300), Illinois (150), Connecticut (50) and Louisiana (150).
- Thirty states and 12 tribes have issued stay at home orders.

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## Medical Hotspots

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### Metro New York/New Jersey

- FEMA and HHS are working with the Governor of New York, and New York City officials to set up a medical station at the Javits Center in Manhattan to supplement local healthcare capabilities.
  - The Javits Center is now operational with 1,000 medical beds. Phase two began March 31 for an additional 2,000 beds. The estimated completion date is April 8.
  - The station will care for patients with non-COVID-19 healthcare needs.
  - Additional temporary hospital sites are being worked, including a 600-bed capacity nursing home facility in Brooklyn, and numerous floors of a high-rise building on Wall Street.
- The USNS Comfort is at Pier 90 in New York City and began operations Tuesday.
  - The Comfort is equipped with 12 operating rooms, 1,000 hospital beds, a medical laboratory, a pharmacy, an optometry lab, digital radiology services, a CAT-scan, two oxygen producing plants, a helicopter deck and a crew of nearly 1,200 U.S. military personnel.
  - The crew onboard will provide critically needed medical surge capacity for New York Metropolitan area. Their mission will be to care for patients who do not have COVID-19, but who require urgent medical care.
  - FEMA is working with HHS and New York to coordinate treatment of New Jersey non-COVID-19 patients.
- FEMA issued a \$350 million Mission Assignment to the U.S. Army Corps of Engineers for construction of additional alternate care facilities in New York. Four sites have been selected.
  - The U.S. Army Corps of Engineers awarded contracts for three New York state priorities for alternate care facility conversions at State University (SUNY) Stony Brook, SUNY Old Westbury, and for the Westchester Community Center.
  - In total, the alternative care facilities in New York will expand hospital capacity by approximately 6,000 beds.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- At the request of New York State, FEMA issued a \$6 million Mission Assignment to HHS to provide round the clock medical staff to care for non-critical patients in the state.
- Supplies from the Strategic National Stockpile were delivered for distribution to medical facilities in the most impacted areas. Supplies delivered include 2,000 ventilators for the State and 2,400 ventilators for New York City.
  - Total medical supplies and equipment provided to New York include 1,096,922 N95 respirators, 1,836,891 surgical masks, 365,295 face shields, 219,811 surgical gowns, 8,059 coveralls, 1,435,129 gloves, and 4,400 ventilators.
  - Medical supplies and equipment provided to the State of New Jersey include 290,055 N95 respirators, 689,980 surgical masks, 139,144 face shields, 113,935 surgical gowns, 3,848 coveralls, 591,269 gloves, 200 ventilators and 1,250 Federal Medical Station beds.
- Requests currently being processed include 250 ambulances for New York City and assistance from the Disaster Mortuary Operational Response Team (DMORT) for 85 refrigerated storage units and mortuary affairs teams.
  - The Office of the Assistant Secretary for Preparedness and Response has deployed two subject matter experts from the DMORT to NYC to serve as consultants for mortuary affairs and to help identify federal support needed in the area.
- As of March 31, FEMA has obligated \$1.1 billion in federal support to the state of New York and \$229 million in federal support to the state of New Jersey.

### California

- The U.S. Army Corps of Engineers has completed the assessment of eight state-selected facilities to develop large-scale, supplemental hospital space as the state works to expand existing hospital capacity by up to 50,000 beds.
- The USNS Mercy hospital ship is operational and receiving patients in Los Angeles. It has 1,000 hospital beds available to help relieve strains on local hospital systems.
- Supplies from the Strategic National Stockpile have arrived in California and are being distributed to medical facilities throughout the state.
- FEMA completed the sale of 105 travel trailers to the state to support a State COVID-19 housing initiative for impacted individuals.
- On March 29, the first of eight Federal Medical Stations initiated operations.
- As of March 31, FEMA had obligated \$862 million in federal support for the state of California, including \$468 million to the state to reimburse costs related to the COVID-19 response.

### Washington

- Department of Defense sourced the 627th Hospital Center/10th Field Hospital to support COVID-19 response in Washington.
  - The field hospital includes 148 bed capacity with ability to increase to 250 beds and 366 trained medical personnel. Expect to be fully operational by April 7.
- Field hospital/alternate medical facility assessments are underway in Washington.
  - As of March 31, USACE has completed five alternate care site assessments. The acute care site at Century Link Event Center is anticipated to open by April 7.

- Teams are comprised of members from DOD, USACE, FEMA, HHS, and state, county, and local officials.
- As of March 31, FEMA has obligated \$222 million in federal support for the state of Washington.

## New Orleans, Louisiana

- Three Community Based Testing Sites are open and operational in New Orleans.
- An epidemiology team from the Centers for Disease Control and Prevention (CDC) arrived at the Louisiana Emergency Operations Center on March 26.
- Additional support being sent to the state to increase state hospital capacity includes two 250-bed Federal Medical Stations and U.S. Army Corps of Engineers support for assessment and evaluation of alternative care facilities.
  - A 3,000-bed alternate care site is being established at the New Orleans Convention Center to be operational by April 2.
- As of March 31, FEMA has obligated \$44.2 million in federal support for the state of Louisiana for the response to COVID-19.

## Washington D.C. Metro Area (Washington, D.C., Maryland and Virginia)

- FEMA delivered a 250-bed Federal Medical Station package to the state of Maryland.
  - Maryland National Guard is establishing the alternate care site at the Baltimore Convention Center to increase state hospital capacity.
- FEMA has obligated \$7.9 million in federal support for the state of Maryland.

## Chicago, Illinois

- Field hospital/alternate medical facility assessments are underway in Illinois.
  - Assessment teams are evaluating four potential sites for alternate medical facilities in the Chicago area. Teams are comprised of members from DOD, USACE, FEMA, HHS, and state, county, and local officials.
- Supplies from the Strategic National Stockpile have arrived in Illinois and are being distributed to medical facilities throughout the state.
  - Medical supplies and equipment provided include 51,864 N95 respirators, 123,548 surgical masks, 23,526 face shields, 19,182 surgical gowns, 98 coveralls, and 68,296 gloves.
- As of March 31, FEMA has obligated \$113 million in federal support for the state of Illinois for the response to COVID-19.

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## FEMA and HHS Response

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- On March 13, 2020, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of Stafford Act to avoid governors needing to request individual emergency declarations.
- All 50 states, the District of Columbia, five territories and 16 tribes are working directly with FEMA under the nationwide emergency declaration for COVID-19.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- States, tribal and territorial governments do not need to request separate emergency declarations to receive FEMA assistance under this nationwide declaration. A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- In addition, the states of Alabama, California, Colorado, Connecticut, Florida, Illinois, Iowa, Kansas, Kentucky, Louisiana, New Jersey, New York, North Carolina, Maryland, Massachusetts, Michigan, Missouri, Montana, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, and Washington, as well as Washington, D.C., the Commonwealth of Puerto Rico, and the territory of Guam were approved for major disaster declarations to assist with additional needs identified in these states.
- FEMA has obligated over \$3 billion in support of COVID-19 efforts, with major obligations including:
  - \$784 million to New York, obligated on March 22 (\$350 million) and March 28 (\$434 million), for deployable temporary medical treatment facilities.
  - \$468 million to California on March 28 to reimburse expenses.
  - \$244 million to California on March 24 for deployable temporary medical treatment facilities.
  - \$237 million to Texas on March 28 to reimburse expenses.
  - \$210 million to Washington on March 23 for deployment of DOD assets to provide acute care medical surge support to decompress existing medical treatment.
  - \$200 million to New Jersey on March 29 to design, build and/or upgrade alternative care facilities for acute patient care.
  - \$121 million to New York on March 27 to purchase up to 500 million N95 or equivalent masks.
- To date, 94 CDC, state and local public health labs have tested more than 1.1 million individuals.
- It is important that requests for assistance, especially for critical supplies, get routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
- Federal agencies are working to meet demands for personal protective equipment (PPE) through new acquisition, DOD allocation and the Strategic National Stockpile.
  - The CDC released [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources and make contingency plans or alternative strategies when supplies are limited.
- FEMA is working with HHS to deliver supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On March 21, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase will encourage manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled once the COVID-19 response subsides.
  - Additionally, a Request for Information has been issued to the private sector for ventilators.
  - FEMA issued a [request for quotation](#) on March 26, 2020, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).
- In response to concerns of undue financial hardships, FEMA's National Flood Insurance Program is extending the 30-day grace period for policies with expiration dates between February 13 and June 15 to 120 days.
  - Specifically, the grace period extension means that policyholders will be allowed to renew their policies up to 120 days after the expiration date without facing a lapse in coverage.
- As of March 31, 55 state and local agencies, the District of Columbia, one tribe and one U.S. territory have sent a total of 99 text messages to cell phones containing information on COVID-19 via the Wireless Emergency Alert system, and 28 messages to broadcast stations via the Emergency Alert System.
- On March 28, the FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- CDC has issued a [Global Level 3 Travel Health Notice](#), advising travelers to avoid all nonessential international travel. [Travelers returning from international destinations](#) should stay home for a period of 14 days after returning to the United States, monitor their health and practice social distancing.
- CDC has issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.
- On March 24, HHS announced \$250 million in grants from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, [HHS awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS also has funding available, including [\\$80 million dollars specifically identified for tribes](#), tribal organizations, and tribal health service providers.
- National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective countermeasures for COVID-19, including diagnostics, vaccines and treatments.

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## FEMA Disaster Response Capacity

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- Even as FEMA is focused on responding to COVID-19, we are also preparing and maintaining readiness for other disasters to include spring flooding, severe weather and the upcoming hurricane season.
- FEMA currently has 2,273 employees supporting the COVID-19 pandemic response out of a total 20,550 agency employees who are prepared to respond to other emergencies should they occur.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA considers every employee an emergency manager, and each employee has regular and recurring emergency management responsibilities.
  - The agency has developed a series of online trainings to expand the cross-training of its workforce and build additional capacity.
- Should additional support be needed, FEMA is able to activate the Department of Homeland Security's surge capacity force composed of federal employees from DHS and other agencies.

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### Federal Funding of National Guard Under Title 32

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- On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states' use of their National Guard forces.
  - The President's action provides Governors continued command of their National Guard forces, while being federally funded under Title 32, enabling these States to use the additional resources to meet the missions necessary in the COVID-19 response.
  - Each state's National Guard is still under the authority of the governor and is working in concert with the Department of Defense.
- To date, President Trump approved requests from California, Connecticut, Florida, Guam, Illinois, Louisiana, Massachusetts, Maryland, Michigan, New Jersey, New York, Puerto Rico, Washington, and Washington, D.C.
  - Twenty (20) requests are pending for approval of federal support for use of National Guard personnel in a Title 32 duty status.
- Title 32 requests from states and territories will be considered for approval by the President based on the following criteria:
  - A state or territory must have been approved for a Major Disaster declaration for the COVID-19 response or have submitted a Major Disaster Declaration request to FEMA for review.
  - The state or territory must have activated the lesser of 500 individuals or 2 percent of National Guard personnel in the state or territory in response to COVID-19.
  - A specific request for the reimbursement through Title 32 status must be submitted to the FEMA Administrator via the FEMA Regional Administrator, identifying specific emergency support functions the National Guard will carry out for COVID-19 support in accordance with the Stafford Act.
- For those states and territories that are approved under these criteria, FEMA will execute a fully reimbursable mission assignment to the Department of Defense, including reimbursement for pay and allowances of National Guard personnel serving in a Title 32 duty status in fulfillment of the FEMA mission assignment.
  - Pursuant to this approval, the Federal Government will fund 100 percent of the cost share for 30 days from the date of the authorizing Presidential Memorandum.
  - The Administration will continue to work with States approved for 100 percent cost share to assess whether an extension of this level of support is needed.
- The use of federal funding for Title 32 will not federalize command of the activated National Guard personnel. Each state's National Guard is still under the authority of the Governor and is working in concert with the Department of Defense.

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## Community-Based Testing Sites

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- To date, 30 federal Community-Based Testing Sites (CBTS) have screened more than 37,716 individuals.
- The Federal Community-Based Testing Sites (CBTS) Task Force will be working with states that have federally supported CBTS locations to transition these sites by April 10.
  - The transition will ensure each state has the flexibility and autonomy to manage and operate within the needs of their community, allowing the federal government to focus on other sectors that also require federal assistance.
- Federal officials and the U.S. Public Health Service have been working closely with state, local and private sector partners to bolster testing capabilities and supplies.
- It is critical to test healthcare facility workers and first responders who are concerned that they may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.
- People without symptoms who have not been exposed to COVID-19 should not be tested.
- CBTSs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.

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## Strategic National Stockpile

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- FEMA planning assumptions for COVID-19 pandemic response acknowledged that the Strategic National Stockpile alone could not fulfill all requirements at the State and tribal level.
  - As the Vice President stated on March 31, the federal government will exhaust all means to identify and attain medical and other supplies needed to combat the virus.
- In H.R. 748, “the Coronavirus Aid, Relief, and Economic Security Act” (CARES Act), \$27 billion was allocated for the development of vaccines and other response efforts, including \$16 billion to build up the SNS with critical supplies, including masks, respirators, and pharmaceuticals.
  - This amount is on top of the additional funding HHS received and executed over the last several weeks.
  - We remain committed to helping ensure key medical supplies expeditiously arrive at the front lines for our healthcare workers.
- Under the joint direction of FEMA and HHS in support of the COVID-19 response, the SNS is in the process of deploying all remaining personal protective equipment in its inventory.
  - These shipments will be sent across the country with prioritization given to areas in greatest need.
  - As of March 28, the SNS has delivered or is currently shipping: 11.6 million N95 respirators, 26 million surgical masks, 5.2 million face shields, 4.3 million surgical gowns, 22 million gloves, 132,000 coveralls and 8,100 ventilators.

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## FDA Ventilator Guidance

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- On March 24, the FDA issued an [Emergency Use Authorization \(EUA\) for Ventilators](#).
  - The EUA allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The new guidance will also assist health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- Additionally, the FDA is providing information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during the COVID-19 public health emergency.

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### CDC Respirator Guidance

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- CDC recognizes that—when N95 supplies are running low—crisis capacity or alternate [strategies to optimize the supply of respirators](#) in healthcare settings may be considered.
  - These strategies to conserve supply would come after the use of conventional and contingency capacity strategies.
  - These measures may include the use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators.
- Respirators are quite complex and vary by manufacturer, making it challenging to develop a single disinfection method that would apply to all models.
  - At present, there are no CDC-approved methods for decontaminating disposable respirators prior to reuse.

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### Defense Production Act

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- On March 18, President Trump issued an [Executive Order](#) outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
  - The order provides federal departments with the authority to take actions implementing the DPA, if and as necessary.
- On March 27, President Trump directed the Secretary of Health and Human Services to use Defense Production Act authorities to require General Motors to accept, perform and prioritize federal contracts for ventilators.
  - The invocation of the DPA demonstrates that the President will not hesitate to use the full authority of the federal government to combat this crisis.
  - There continues to be an outpouring of support from the private sector, which has limited the need to use DPA.
- The President also signed an [Executive Order](#) on March 27 which clarifies and updates Presidential delegations to federal agencies under the Defense Production Act (DPA).
  - For the purposes of COVID-19 response, the EO delegates a number of DPA authorities jointly to the Secretary of Health and Human Services (HHS) and the Secretary of Homeland Security (DHS).
  - The EO also assigns the Assistant to the President for Trade and Manufacturing Policy (Peter Navarro) as the National Defense Production Act Policy Coordinator.

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### Other Federal Agencies

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- Many telecommunication companies are working with the Federal Communications Commission to “[Keep Americans Connected](#)”. This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On March 28, the Office of Personnel Management Announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- On March 28, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to the U.S. Department of Health and Human Services, Centers for Disease Control, and CDC National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On March 24, the Department of Justice created [a national task force](#) to actively look for and act on hoarding and price gouging.
  - The task force is a result of the [March 23 Executive Order](#) and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
- The National Guard is activated in 32 states, providing medical testing, assessments, logistics, planning and liaison support.
  - To date, more than 14,000 National Guard troops have activated to help with testing and other response efforts.
- The Coast Guard is currently tracking four cruise ships due to arrive in the U.S. with a total of more than 5,000 passengers and crew.
  - The Coast Guard continues to coordinate medical evacuations of COVID related critically ill crew members from cruise ships in and around Florida ports.
- On March 28, The Cybersecurity and Infrastructure Security Agency (CISA) published updated [guidance on essential critical infrastructure workers](#) during COVID-19 response.
- The U.S. Army Corps of Engineers received 12 mission assignments totaling approximately \$1.1 billion to design and build alternate care sites in Arizona, California, Illinois, Michigan, New Jersey, New York, Washington and Wisconsin. As of March 31, 1,450 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.
- The Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort and 36 ventilators with three Army field hospitals supporting Seattle and New York City. An additional 907 ventilators can be deployed within 72 hours upon receipt of a shipping destination.
- The Small Business Administration is providing low-interest loans to small businesses and nonprofits severely impacted by the Coronavirus (COVID-19). The SBA also announced [deferments on all SBA disaster loans from previous disasters](#), effective through Dec. 31.
- The U.S. Department of Labor [announced the availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
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- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The Food and Drug Administration approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- The Department of Homeland Security has [extended the REAL ID enforcement deadline](#) to Oct. 1, 2021

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## CDC Public Guidance

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- Following state, tribal and local officials' instructions to stay at home is an important way to help. Social distancing not only protects you, but it protects the people you care about.
  - [COVID-19 spreads](#) between people who are in close contact with one another—that's why the CDC recommends staying at least 6 feet away from other people.
  - Staying home and limiting your interactions with people can break the chain of transmission and halt the spread of this new virus.
  - People who are infected but do not have symptoms likely play an important role in the spread of COVID-19.
- Recent studies indicate that the virus can be spread by people before they develop symptoms (pre-symptomatic) or people who never develop symptoms (asymptomatic).
  - [CDC's recent article](#) about an outbreak in a skilled nursing facility in King County, Washington, underscores the importance of social distancing to break the train of COVID-19 transmission, especially when there is spread from people who have no symptoms.
- CDC's guidance regarding the use of facemasks remains the same.
  - **If you are sick:** You should wear a facemask, if available, when you are around other people (including before you enter a healthcare provider's office).
  - **If you are caring for someone who is sick:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then as their caregiver, you should wear a facemask when in the same room with them.

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## Coping with Stress

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- Stress during an infectious disease outbreak, like the COVID-19 pandemic, can cause fear and worry. You may feel overwhelmed by strong emotions.
- Taking care of yourself, your friends, and your family can help you cope with stress.
- It's essential that during this time, as we make sure we are physically distancing ourselves from others, we keep up the social connection. This includes staying connected by phone, email, or chat in order to remain connected to family and friends.
- Helping others cope with their stress makes your community stronger.
- CDC has [recommendations](#) for things you can do to support yourself by managing your anxiety and stress.

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## Combating Disinformation and Rumors

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- To help the American public distinguish between rumors and facts regarding the response to COVID-19, FEMA has created a Rumor Control page on FEMA.gov. The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](https://www.fema.gov/coronavirus).
- Check the sources of information you see about COVID-19 by seeking out trusted, verified sources like [www.coronavirus.gov](https://www.coronavirus.gov) or your state and local government's official accounts.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Everyone can do their part to stop the spread of disinformation by doing three things; don't believe rumors, don't pass them along, and go to trusted sources of information to get the facts.

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### How to Help

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- Cash donations to the nonprofit of your choice IS THE BEST donation. Do not collect or distribute donations of supplies without understanding community needs.
- Businesses that have medical supplies or equipment to donate are asked to go to [www.fema.gov](http://www.fema.gov) and provide of the offer through our online medical supplies and equipment form.
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- One thing people can do to help is to donate blood. Blood donation centers have the highest standards of safety and infection control. To find where you can donate blood, visit [www.aabb.org/giveblood](http://www.aabb.org/giveblood).

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Friday, April 3, 2020

**"I AM GRATEFUL TO THESE AND OTHER DOMESTIC MANUFACTURERS FOR RAMPING UP THEIR PRODUCTION OF VENTILATORS DURING THIS DIFFICULT TIME. TODAY'S ORDER WILL SAVE LIVES BY REMOVING OBSTACLES IN THE SUPPLY CHAIN THAT THREATEN THE RAPID PRODUCTION OF VENTILATORS."** - PRESIDENT DONALD J. TRUMP

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### Topline Briefing Points and Messages

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- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole-of-America response to fight the COVID-19 pandemic and protect the public.
- The number one priority is the health and safety of the American people.
- On March 31, the president extended the nation's [Slow the Spread](#) campaign until April 30.
  - The American people play a key role in the campaign to help slow the virus' spread and keep our most high-risk populations safe.
  - The initiative presents the entire country with an opportunity to implement actions designed to slow and limit the spread of COVID-19, like staying home as much as possible, canceling or postponing gatherings of more than 10 people, and taking additional steps to distance yourself from other people.
  - For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at [www.coronavirus.gov](http://www.coronavirus.gov).
- On March 27, President Trump signed the CARES Act into law. The CARES Act allocates \$2 trillion to COVID-19 response efforts.
- On April 2, President Trump invoked the Defense Production Act to increase ventilator production. The order directed the supply of materials to make ventilators to six companies.
- On April 3, the Small Business Administration Paycheck Protection Program will begin offering nearly \$350 billion in loans to small businesses.
  - If an employer maintains their workforce, the SBA will forgive the portion of the loan used to cover the first 8 weeks of payroll and certain other expenses.
  - In addition to its traditional loan programs, the SBA is also providing Economic Injury Disaster Loans and forgiveness for up to six months of new and existing loans.
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S.
  - FEMA continues to coordinate an air bridge for flights from Asia. The first flight landed Sunday, March 29, and delivered 80 tons of much needed PPE supplies to New York, New Jersey and Connecticut.

- Additional flights landed in Chicago on March 30, Miami on March 31, Los Angeles on April 1, and Chicago and Columbus, Ohio, on April 3. FEMA has more flights scheduled and is adding more daily.
- Each flight contains critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks in varying quantities. FEMA will not have detailed visibility on the amount of PPE until the flights are loaded overseas.
- Overseas flights are arriving at airports that are operational hubs. They are not indicators that the supplies will be distributed in those locations. All supplies are national supplies and will be distributed to hot spots and through the vendors regular supply chain to locations across the country.
- Upon arrival, PPE is provided, in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain. Prioritization will be given to hospitals, health care facilities, and nursing homes around the country.
- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure the ventilators are shipped to the states in the amount needed to manage the immediate crisis.
  - At present, the federal government has 9,800 total ventilators available, which includes 9,054 in the Strategic National Stockpile and 900 available from the Department of Defense.
  - To submit a request, states and tribes will work through their FEMA/ HHS regional leadership.
- Since March 31, FEMA and HHS have delivered ventilators from the Strategic National Stockpile to Michigan (400), New Jersey (650), Illinois (150), Connecticut (50) and Louisiana (150).
- FEMA will notify direct housing occupants in the states of California, Florida, North Carolina and Texas that they would suspend rent payment requirements for the months of April, May and June as a result of the ongoing impacts of COVID-19.
- Thirty-one states and 12 tribes have issued stay at home orders.

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## FEMA and HHS Response

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- On March 13, 2020, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of Stafford Act to avoid governors needing to request individual emergency declarations.
- All 50 states, the District of Columbia, five territories and 21 tribes are working directly with FEMA under the nationwide emergency declaration for COVID-19.
  - States, tribal and territorial governments do not need to request separate emergency declarations to receive FEMA assistance under this nationwide declaration. A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- In addition, 33 states and territories have been approved for major disaster declarations to assist with additional needs identified.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Those with major declarations approved include: Alabama, California, Colorado, Connecticut, Florida, Hawaii, Illinois, Iowa, Kansas, Kentucky, Louisiana, New Jersey, New York, North Carolina, Maryland, Massachusetts, Michigan, Missouri, Montana, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia and Washington, as well as Washington, D.C., the Commonwealth of Puerto Rico, and the territories of Guam, the Northern Mariana Islands and the U.S. Virgin Islands.
- FEMA has obligated over \$3.3 billion in support of COVID-19 efforts, with major obligations in the last week including:
  - \$468 million to California on March 28 to reimburse expenses.
  - \$237 million to Texas on March 28 to reimburse expenses.
  - \$200 million to New Jersey on March 29 to design, build and/or upgrade alternative care facilities for acute patient care.
- To date, 95 CDC, state and local public health labs have tested more than 1.3 million individuals.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
- Federal agencies are working to meet demands for personal protective equipment (PPE) through new acquisition, DOD allocation and the Strategic National Stockpile.
  - The CDC released [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources and make contingency plans or alternative strategies when supplies are limited.
- FEMA is working with HHS to deliver supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.
  - On March 21, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase encourages manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled.
  - Additionally, a Request for Information has been issued to the private sector for ventilators.
  - FEMA issued a [request for quotation](#) on March 26, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).
- In response to concerns of undue financial hardships, FEMA's National Flood Insurance Program is extending the 30-day grace period for policies with expiration dates between Feb. 13 and June 15 to 120 days.
  - Specifically, the grace period extension means that policyholders will be allowed to renew their policies up to 120 days after the expiration date without facing a lapse in coverage.
- As of April 2, 64 agencies across 23 states, the District of Columbia, one tribe and one U.S. territory have sent a total of 120 text messages to cell phones containing information on COVID-19 via the Wireless Emergency Alert system, and 33 messages to broadcast stations via the Emergency Alert System.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The U.S. Public Health Service has deployed more than 1,500 officers in support of nation-wide efforts to prepare for mitigating the virus's potential spread in the United States.
- On March 28, the FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- CDC has issued a [Global Level 3 Travel Health Notice](#), advising travelers to avoid all nonessential international travel. [Travelers returning from international destinations](#) should stay home for a period of 14 days after returning to the U.S., monitor their health and practice social distancing.
- CDC has issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.
- On March 24, HHS announced \$250 million in grants from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, [HHS awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS also has funding available, including [\\$80 million dollars specifically identified for tribes](#), tribal organizations, and tribal health service providers.
- National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective countermeasures for COVID-19, including diagnostics, vaccines and treatments.

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## FEMA Disaster Response Capacity

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- Even as FEMA is focused on responding to COVID-19, we are also preparing and maintaining readiness for other disasters to include spring flooding, severe weather and the upcoming hurricane season.
- FEMA currently has 2,468 employees supporting the COVID-19 pandemic response out of a total 20,550 agency employees who are prepared to respond to other emergencies should they occur.
- FEMA considers every employee an emergency manager, and each employee has regular and recurring emergency management responsibilities.
  - The agency has developed a series of online trainings to expand the cross-training of its workforce and build additional capacity.
- Should additional support be needed, FEMA is able to activate the Department of Homeland Security's surge capacity force composed of federal employees from DHS and other agencies.

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## Federal Funding of National Guard Under Title 32

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- On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states' use of their National Guard forces.
  - The President's action provides Governors continued command of their National Guard forces, while being federally funded under Title 32, enabling these States to use the additional resources to meet the missions necessary in the COVID-19 response.
  - Each state's National Guard is still under the authority of the governor and is working in concert with the Department of Defense.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- To date, President Trump approved a total of 26 requests from California, Connecticut, Florida, Georgia, Guam, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Maryland, Michigan, Missouri, New Hampshire, New Jersey, New Mexico, New York, Ohio, Puerto Rico, Rhode Island, Tennessee, Texas, Washington, Washington, D.C., and the U.S. Virgin Islands.
  - Twenty-six requests are pending for approval of federal support for use of National Guard personnel in a Title 32 duty status.
- Title 32 requests from states and territories will be considered for approval by the President based on the following criteria:
  - A state or territory must have been approved for a Major Disaster declaration for the COVID-19 response or have submitted a Major Disaster Declaration request to FEMA for review.
  - The state or territory must have activated the lesser of 500 individuals or 2 percent of National Guard personnel in the state or territory in response to COVID-19.
  - A specific request for the reimbursement through Title 32 status must be submitted to the FEMA Administrator via the FEMA Regional Administrator, identifying specific emergency support functions the National Guard will carry out for COVID-19 support in accordance with the Stafford Act.
- For those states and territories that are approved under these criteria, FEMA will execute a fully reimbursable mission assignment to the Department of Defense, including reimbursement for pay and allowances of National Guard personnel serving in a Title 32 duty status in fulfillment of the FEMA mission assignment.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for 30 days from the date of the authorizing Presidential Memorandum.
  - The Administration will continue to work with States approved for 100 percent cost share to assess whether an extension of this level of support is needed.
- The use of federal funding for Title 32 will not federalize command of the activated National Guard personnel. Each state's National Guard is still under the authority of the Governor and is working in concert with the Department of Defense.

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## Community-Based Testing Sites

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- To date, 41 federal Community-Based Testing Sites (CBTS) have screened more than 46,600 individuals.
- The Federal Community-Based Testing Sites (CBTS) Task Force will be working with states that have federally supported CBTS locations to transition these sites by April 10.
  - The transition will ensure each state has the flexibility and autonomy to manage and operate within the needs of their community, allowing the federal government to focus on other sectors that also require federal assistance.
- Federal officials and the U.S. Public Health Service have been working closely with state, local and private sector partners to bolster testing capabilities and supplies.
- It is critical to test healthcare facility workers and first responders who are concerned that they may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.
- People without symptoms who have not been exposed to COVID-19 should not be tested.
- CBTSs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.



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## Strategic National Stockpile

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- FEMA planning assumptions for COVID-19 pandemic response acknowledged that the Strategic National Stockpile alone could not fulfill all requirements at the State and tribal level.
  - As the Vice President stated on March 31, the federal government will exhaust all means to identify and attain medical and other supplies needed to combat the virus.
- In H.R. 748, “the Coronavirus Aid, Relief, and Economic Security Act” (CARES Act), \$27 billion was allocated for the development of vaccines and other response efforts, including \$16 billion to build up the SNS with critical supplies, including masks, respirators, and pharmaceuticals.
  - This amount is on top of the additional funding HHS received and executed over the last several weeks.
  - We remain committed to helping ensure key medical supplies expeditiously arrive at the front lines for our healthcare workers.
- Under the joint direction of FEMA and HHS in support of the COVID-19 response, the SNS is in the process of deploying all remaining personal protective equipment in its inventory.
  - These shipments will be sent across the country with prioritization given to areas in greatest need.
  - As of April 2, the SNS has delivered or is currently shipping: 11.6 million N95 respirators, 26.3 million surgical masks, 5.2 million face shields, 4.3 million surgical gowns, 22.4 million gloves, 144,000 coveralls, 7,640 ventilators and 8,450 federal medical station beds.
- In the past 72 hours, FEMA and HHS have delivered ventilators from the Strategic National Stockpile (SNS) to Michigan (400), New Jersey (650), Illinois (150), Connecticut (50) and Louisiana (150).

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## FDA Ventilator Guidance

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- On March 24, the FDA issued an [Emergency Use Authorization \(EUA\) for Ventilators](#).
  - The EUA allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators.
- The new guidance will also assist health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- Additionally, the FDA is providing information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during the COVID-19 public health emergency.

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## CDC Respirator Guidance

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- CDC recognizes that—when N95 supplies are running low—crisis capacity or alternate [strategies to optimize the supply of respirators](#) in healthcare settings may be considered.
  - These strategies to conserve supply would come after the use of conventional and contingency capacity strategies.
  - These measures may include the use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators.
- Respirators are quite complex and vary by manufacturer, making it challenging to develop a single disinfection method that would apply to all models.



- At present, there are no CDC-approved methods for decontaminating disposable respirators prior to reuse.

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## Defense Production Act

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- On March 18, President Trump issued an [Executive Order](#) outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
  - The order provides federal departments with the authority to take actions implementing the DPA, if and as necessary.
- On March 27, President Trump directed the Secretary of Health and Human Services to use Defense Production Act authorities to require General Motors to accept, perform and prioritize federal contracts for ventilators.
  - The invocation of the DPA demonstrates that the President will not hesitate to use the full authority of the federal government to combat this crisis.
  - There continues to be an outpouring of support from the private sector, which has limited the need to use DPA.
- The President also signed an [Executive Order](#) on March 27 which clarifies and updates Presidential delegations to federal agencies under the Defense Production Act (DPA).
  - For the purposes of COVID-19 response, the EO delegates a number of DPA authorities jointly to the Secretary of Health and Human Services (HHS) and the Secretary of Homeland Security (DHS).
  - The EO also assigns the Assistant to the President for Trade and Manufacturing Policy (Peter Navarro) as the National Defense Production Act Policy Coordinator.

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## Other Federal Agencies

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- Many telecommunication companies are working with the Federal Communications Commission to "[Keep Americans Connected](#)". This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- On March 28, the Office of Personnel Management Announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- On March 28, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to the U.S. Department of Health and Human Services, Centers for Disease Control, and CDC National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On March 24, the Department of Justice created [a national task force](#) to actively look for and act on hoarding and price gouging.
  - The task force is a result of the [March 23 Executive Order](#) and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
- DOJ and HHS have partnered to distribute medical supplies [confiscated from price gougers](#) to those on the frontline of the COVID-19 response in New York and New Jersey.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- This includes about 192,000 N95 respirators, 598,000 medical grade gloves, and other supplies.
  - After the FBI discovered the supplies, HHS used its authority under the Defense Production Act to order that the supplies be immediately furnished to the United States.
  - HHS will pay the owner pre-COVID-19 fair market value for the supplies and has already begun distributing the supplies.
  - After inspecting the supplies, HHS arranged for the delivery of the PPE to the New Jersey Department of Health, the New York State Department of Health and the New York City Department of Health and Mental Hygiene.
- The National Guard is activated in 32 states, providing medical testing, assessments, logistics, planning and liaison support.
  - To date, more than 18,500 National Guard troops have activated to help with testing and other response efforts.
- The Coast Guard is currently tracking two cruise ships due to arrive in the U.S. on April 2 with a total of more than 2,300 passengers and crew.
  - The Coast Guard continues to coordinate medical evacuations of COVID related critically ill crew members from cruise ships in and around Florida ports.
- On March 28, The Cybersecurity and Infrastructure Security Agency (CISA) published updated [guidance on essential critical infrastructure workers](#) during COVID-19 response.
- The U.S. Army Corps of Engineers received 17 mission assignments totaling approximately \$1.2 billion to design and build alternate care sites Arizona, California, Colorado, Florida, Illinois, Michigan, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Washington and Wisconsin.
  - As of April 2, 1,592 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.
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- The Food and Drug Administration approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- The Department of Homeland Security has [extended the REAL ID enforcement deadline](#) to Oct. 1, 2021

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- Following state, tribal and local officials' instructions to stay at home is an important way to help. Social distancing not only protects you, but it protects the people you care about.
  - [COVID-19 spreads](#) between people who are in close contact with one another—that's why the CDC recommends staying at least 6 feet away from other people.
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## Coping with Stress

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- Stress during an infectious disease outbreak, like the COVID-19 pandemic, can cause fear and worry. You may feel overwhelmed by strong emotions.
- Taking care of yourself, your friends, and your family can help you cope with stress.
- It's essential that during this time, as we make sure we are physically distancing ourselves from others, we keep up the social connection. This includes staying connected by phone, email, or chat in order to remain connected to family and friends.
- Helping others cope with their stress makes your community stronger.
- CDC has [recommendations](#) for things you can do to support yourself by managing your anxiety and stress.

## Combating Disinformation and Rumors

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- To help the American public distinguish between rumors and facts regarding the response to COVID-19, FEMA has created a Rumor Control page on FEMA.gov. The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](https://www.fema.gov/coronavirus).
- Check the sources of information you see about COVID-19 by seeking out trusted, verified sources like [www.coronavirus.gov](https://www.coronavirus.gov) or your state and local government's official accounts.
- Everyone can do their part to stop the spread of disinformation by doing three things; don't believe rumors, don't pass them along, and go to trusted sources of information to get the facts.

## How to Help

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- Cash donations to the nonprofit of your choice IS THE BEST donation. Do not collect or distribute donations of supplies without understanding community needs.
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- To sell medical supplies or equipment to the federal government, please submit a price quote under the [COVID-19 PPE and Medical Supplies Request for Quotation](#). Full details can be found in the solicitation ([Notice ID 70FA2020R00000011](#)).
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# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Monday, April 6, 2020

**“WE HAVE THE BEST DOCTORS, THE BEST MILITARY LEADERS, AND THE BEST LOGISTICS PROFESSIONALS ANYWHERE IN THE WORLD AND WE’RE ORCHESTRATING A MASSIVE FEDERAL RESPONSE UNLIKE ANYTHING OUR COUNTRY HAS EVER SEEN OR DONE.”**  
- PRESIDENT DONALD J. TRUMP

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### Topline Briefing Points and Messages

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- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole-of-America response to fight the COVID-19 pandemic and protect the public.
- The number one priority is the health and safety of the American people.
- On March 31, the president extended the nation’s [Slow the Spread](#) campaign until April 30.
  - The American people play a key role in the campaign to help slow the virus’ spread and keep our most high-risk populations safe.
  - For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at [www.coronavirus.gov](http://www.coronavirus.gov).
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S. through Project Air Bridge. FEMA is scheduling flights daily but does not have detailed visibility on the amount of PPE until the cargo is loaded.
  - Since March 29, flights have landed in New York, Chicago, Miami, Los Angeles, and Columbus, Ohio. On April 5, four additional flights landed in Chicago, Los Angeles, Columbus, Ohio and Louisville, Kentucky.
  - Each flight contains critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks.
  - Overseas flights are arriving at operational hub airports for distribution to hotspots and locations across the country through regular supply chains. Flight arrivals do not mean supplies will be distributed in the operational hub locations.
- To efficiently maintain the country’s existing medical supply chain infrastructure, FEMA is supplementing – not supplanting – the supply chain through a variety of strategies, including Project Airbridge.
  - The air bridge was created to shorten the amount of time it takes for U.S. medical supply distributors to get personal protective equipment and other critical supplies into the country for their respective customers.
  - FEMA is doing this by covering the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days.
  - As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most

- critical needs for those supplies. These areas are determined by HHS and FEMA based on CDC data.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers in other areas across the U.S.
- HHS is releasing \$160 million dollars in additional CDC funding to dozens of regional hotspots. These funds will be used to support areas hard-pressed by COVID-19 in their work to respond effectively to the worsening situation in their jurisdictions.
- The FDA issued an [Emergency Use Authorization of hydroxychloroquine sulfate](#) and an [Emergency Use Authorization of chloroquine phosphate](#) to treat certain patients hospitalized with COVID-19.
  - Hydroxychloroquine sulfate and chloroquine phosphate are oral prescription drugs approved to treat malaria and other diseases but both drugs have shown activity in laboratory studies against coronaviruses, including SARS-CoV-2 (the virus that causes COVID-19) and anecdotal reports suggest that these drugs may offer some benefit in the treatment of hospitalized COVID-19 patients.
  - The Strategic National Stockpile has begun shipping doses of hydroxychloroquine to New York and Los Angeles County based on their requests.
- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure ventilators are shipped to the states in the amount needed to manage the immediate crisis.
  - At present, the federal government has 8,644 total ventilators available, which includes 8,044 in the Strategic National Stockpile and 600 available from the Department of Defense.
- As of April 4, FEMA and HHS have delivered ventilators from the Strategic National Stockpile to Alaska (60), California (170), Connecticut (50), Florida (200), Georgia (150), Illinois (600), Louisiana (350), Maryland (120), Massachusetts (100), Michigan (700), New Jersey (850), New York (4,400), and Washington (500).
  - 140 ventilators that had previously been delivered to Oregon were donated to New York by Gov. Kate Brown.
  - Additional allocations in process include a 250-bed Federal Medical Station and a Public Health strike team for Michigan; a 50-bed Federal Medical Station for the Metro D.C. area; 30 ventilators for Guam; and an 300 additional ventilators to New Jersey.
- Forty states, four territories and 23 tribes have issued stay at home orders.

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## FEMA and HHS Response

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- On March 13, 2020, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of Stafford Act to avoid governors needing to request individual emergency declarations.
- All 50 states, the District of Columbia, five territories and 21 tribes are working directly with FEMA under the nationwide emergency declaration for COVID-19.
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- In addition, 50 states and territories have been approved for major disaster declarations to assist with additional needs identified.
  - Those with major declarations approved include: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, New Jersey, New York, North Carolina, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, New Hampshire, New Mexico, Nebraska, Nevada, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Washington and Wisconsin, as well as Washington, D.C., the Commonwealth of Puerto Rico, and the territories of Guam, the Northern Mariana Islands and the U.S. Virgin Islands.
- FEMA has obligated \$4.1 billion in support of COVID-19 efforts, with major obligations in the last week including:
  - \$60 million to Washington D.C. to acquire PPE decontamination equipment.
  - \$54 million to Illinois to provide facility assessments and construction to address medical facility shortages.
  - \$60 million to New York to provide equipment, supplies and temporary staff.
- To date, 95 CDC, state and local public health labs have tested more than 1.67 million individuals.
- The FEMA/HHS Supply Chain Stabilization Task Force is focused on increasing the supply of medical supplies and equipment to healthcare workers on the front line.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion and Allocation to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
- FEMA is working with HHS to deliver supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.
  - On March 21, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase encourages manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled.
  - Additionally, a Request for Information has been issued to the private sector for ventilators.
  - As of April 5, the FEMA/HHS Supply Chain Stabilization Task Force is validating responses from 11 manufacturers to identify viable supply sources for additional PPE.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA issued a [request for quotation](#) on March 26, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).
- On March 24, HHS announced \$250 million in grants from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, [HHS awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS also has funding available, including [\\$80 million dollars specifically identified for tribes](#), tribal organizations, and tribal health service providers.
- The CDC released [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources and make contingency plans or alternative strategies when supplies are limited.
- On April 3, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- CDC has issued a [Global Level 3 Travel Health Notice](#), advising travelers to avoid all nonessential international travel. [Travelers returning from international destinations](#) should stay home for a period of 14 days after returning to the U.S., monitor their health and practice social distancing.
- CDC has issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.
- The U.S. Public Health Service has deployed more than 1,500 officers in support of nation-wide efforts to prepare for mitigating the virus's potential spread in the United States.
- The Food and Drug Administration approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- On March 28, the FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- FDA has granted 30 Emergency Use Authorizations of commercially available diagnostic tests, including one antibody test to be used in hospital laboratories.
- National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective countermeasures for COVID-19, including diagnostics, vaccines and treatments.
- In response to concerns of undue financial hardships, FEMA's National Flood Insurance Program is extending the 30-day grace period for policies with expiration dates between Feb. 13 and June 15 to 120 days.
- As of April 5, 66 agencies across 24 states, the District of Columbia, one tribe and one U.S. territory have sent a total of 135 text messages to cell phones containing information on COVID-19 via the Wireless Emergency Alert system, and 36 messages to broadcast stations via the Emergency Alert System.

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## FEMA Disaster Response Capacity

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- Even as FEMA is focused on responding to COVID-19, we are also preparing and maintaining readiness for other disasters to include spring flooding, severe weather and the upcoming hurricane season.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA currently has 2,578 employees supporting the COVID-19 pandemic response out of a total 20,550 agency employees who are prepared to respond to other emergencies should they occur.
- FEMA considers every employee an emergency manager, and each employee has regular and recurring emergency management responsibilities.
  - The agency has developed a series of online trainings to expand the cross-training of its workforce and build additional capacity.
- Should additional support be needed, FEMA is able to activate the Department of Homeland Security's surge capacity force composed of federal employees from DHS and other agencies.

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## Federal Funding of National Guard Under Title 32

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- On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states' use of their National Guard forces.
  - The President's action provides Governors continued command of their National Guard forces, while being federally funded under Title 32, enabling these States to use the additional resources to meet the missions necessary in the COVID-19 response.
  - Each state's National Guard is still under the authority of the governor and is working in concert with the Department of Defense.
- To date, President Trump approved a total of 25 requests from California, Connecticut, Florida, Georgia, Guam, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Maryland, Michigan, Missouri, New Hampshire, New Jersey, New Mexico, New York, Ohio, Puerto Rico, Rhode Island, Tennessee, Texas, Washington, Washington, D.C., and the U.S. Virgin Islands.
  - Twenty-three requests are pending for approval of federal support for use of National Guard personnel in a Title 32 duty status.
- Title 32 requests from states and territories will be considered for approval by the President based on the following criteria:
  - A state or territory must have been approved for a Major Disaster declaration for the COVID-19 response or have submitted a Major Disaster Declaration request to FEMA for review.
  - The state or territory must have activated the lesser of 500 individuals or 2 percent of National Guard personnel in the state or territory in response to COVID-19.
  - A specific request for the reimbursement through Title 32 status must be submitted to the FEMA Administrator via the FEMA Regional Administrator, identifying specific emergency support functions the National Guard will carry out for COVID-19 support in accordance with the Stafford Act.
- For those states and territories that are approved under these criteria, FEMA will execute a fully reimbursable mission assignment to the Department of Defense, including reimbursement for pay and allowances of National Guard personnel serving in a Title 32 duty status in fulfillment of the FEMA mission assignment.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for 30 days from the date of the authorizing Presidential Memorandum.
  - The Administration will continue to work with states approved for 100 percent cost share to assess whether an extension of this level of support is needed.
- The use of federal funding for Title 32 will not federalize command of the activated National Guard personnel. Each state's National Guard is still under the authority of the Governor and is working in concert with the Department of Defense.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The National Guard is activated in 32 states, providing medical testing, assessments, logistics, planning and liaison support.
- To date, more than 12,000 National Guard troops have activated to help with testing and other response efforts.

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### Community-Based Testing Sites

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- To date, 41 federal Community-Based Testing Sites (CBTS) have screened more than 60,000 individuals.
- Federal officials and the U.S. Public Health Service have been working closely with state, local and private sector partners to bolster testing capabilities and supplies.
- It is critical to test healthcare facility workers and first responders who are concerned that they may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.
- People without symptoms who have not been exposed to COVID-19 should not be tested.
- CBTSs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.

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### Strategic National Stockpile

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- FEMA planning assumptions for COVID-19 pandemic response acknowledged that the Strategic National Stockpile alone could not fulfill all requirements at the State and tribal level.
  - As the Vice President stated on March 31, the federal government will exhaust all means to identify and attain medical and other supplies needed to combat the virus.
- In H.R. 748, “the Coronavirus Aid, Relief, and Economic Security Act” (CARES Act), \$27 billion was allocated for the development of vaccines and other response efforts, including \$16 billion to build up the SNS with critical supplies, including masks, respirators, and pharmaceuticals.
  - This amount is on top of the additional funding HHS received and executed over the last several weeks.
  - We remain committed to helping ensure key medical supplies expeditiously arrive at the front lines for our healthcare workers.
- Under the joint direction of FEMA and HHS in support of the COVID-19 response, the SNS is in the process of deploying all remaining personal protective equipment in its inventory.
  - These shipments will be sent across the country with prioritization given to areas in greatest need.
  - As of April 2, the SNS has delivered or is currently shipping: 11.6 million N95 respirators, 26.3 million surgical masks, 5.2 million face shields, 4.3 million surgical gowns, 22.4 million gloves, 144,000 coveralls, 7,640 ventilators and 8,450 federal medical station beds.

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### Hydroxychloroquine/Chloroquine

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- HHS continues to speed the development of therapies derived from human blood that have the potential to lessen the severity or shorten the length of the illness.
- The FDA issued an [Emergency Use Authorization of hydroxychloroquine sulfate](#) and an [Emergency Use Authorization of chloroquine phosphate](#) to treat certain patients hospitalized with COVID-19.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- [HHS accepted](#) 30 million doses of hydroxychloroquine sulfate donated by Sandoz and one million doses of chloroquine phosphate donated by Bayer Pharmaceuticals for possible use in treating patients hospitalized with COVID-19 or for use in clinical trials.
- Hydroxychloroquine sulfate and chloroquine phosphate are oral prescription drugs approved to treat malaria and other diseases but both drugs have shown activity in laboratory studies against coronaviruses, including SARS-CoV-2 (the virus that causes COVID-19) and anecdotal reports suggest that these drugs may offer some benefit in the treatment of hospitalized COVID-19 patients.
  - Although there are no currently approved treatments for COVID-19, both drugs have shown activity in laboratory studies against coronaviruses, including SARS-CoV-2 (the virus that causes COVID-19).
  - Anecdotal reports suggest that these drugs may offer some benefit in the treatment of hospitalized COVID-19 patients. Clinical trials are needed to provide scientific evidence that these treatments are effective.
  - The Strategic National Stockpile has begun shipping doses of hydroxychloroquine to New York and Los Angeles County based on their requests.

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### FDA Ventilator Guidance

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- On March 24, the FDA issued an [Emergency Use Authorization \(EUA\) for Ventilators](#).
  - The EUA allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators.
- The new guidance will also assist health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- Additionally, the FDA is providing information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during the COVID-19 public health emergency.

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### CDC Respirator Guidance

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- CDC recognizes that—when N95 supplies are running low—crisis capacity or alternate [strategies to optimize the supply of respirators](#) in healthcare settings may be considered.
  - These strategies to conserve supply would come after the use of conventional and contingency capacity strategies.
  - These measures may include the use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators.
- Respirators are quite complex and vary by manufacturer, making it challenging to develop a single disinfection method that would apply to all models.
  - At present, there are no CDC-approved methods for decontaminating disposable respirators prior to reuse.

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### Defense Production Act

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- On April 2, President Trump invoked the Defense Production Act to increase ventilator production. The order directed the supply of materials to make ventilators to six companies.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On March 18, President Trump issued an [Executive Order](#) outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
  - The order provides federal departments with the authority to take actions implementing the DPA, if and as necessary.
- On March 27, President Trump directed the Secretary of Health and Human Services to use Defense Production Act authorities to require General Motors to accept, perform and prioritize federal contracts for ventilators.
  - The invocation of the DPA demonstrates that the President will not hesitate to use the full authority of the federal government to combat this crisis.
  - There continues to be an outpouring of support from the private sector, which has limited the need to use DPA.
- The President also signed an Executive Order on March 27 which clarifies and updates Presidential delegations to federal agencies under the Defense Production Act (DPA).
  - For the purposes of COVID-19 response, the EO delegates a number of DPA authorities jointly to the Secretary of Health and Human Services (HHS) and the Secretary of Homeland Security (DHS).
  - The EO also assigns the Assistant to the President for Trade and Manufacturing Policy (Peter Navarro) as the National Defense Production Act Policy Coordinator.

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## Other Federal Agencies

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- On March 27, President Trump signed the CARES Act into law. The CARES Act allocates \$2 trillion to COVID-19 response efforts.
- On April 3, the [Small Business Administration Paycheck Protection Program](#) began offering nearly \$350 billion in loans to small businesses. More than 17,500 loans valued at over \$5.4 billion were approved on the first day of the Paycheck Protection Program.
  - If an employer maintains their workforce, the SBA will forgive the portion of the loan used to cover the first eight weeks of payroll and certain other expenses.
  - In addition to its traditional loan programs, the SBA is also providing Economic Injury Disaster Loans and forgiveness for up to six months of new and existing loans.
- Many telecommunication companies are working with the Federal Communications Commission to “[Keep Americans Connected](#).” This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- On March 28, the Office of Personnel Management Announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- On March 28, the Centers for Medicare and Medicaid Services sent a letter to the nation’s hospitals requesting they report data to the U.S. Department of Health and Human Services, Centers for Disease Control, and CDC National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On March 24, the Department of Justice created [a national task force](#) to actively look for and act on hoarding and price gouging.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The task force is a result of the [March 23 Executive Order](#) and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
- DOJ and HHS partnered to distribute medical supplies [confiscated from price gougers](#) to those on the frontline of the COVID-19 response in New York and New Jersey.
  - This includes about 192,000 N95 respirators, 598,000 medical grade gloves, and other supplies.
- On April 5, the Coast Guard facilitated the arrival of a cruise ship in Florida; disembarkation continued through April 6.
  - The Coast Guard continues to coordinate medical evacuations of COVID related critically ill crew members from cruise ships in and around Florida ports.
- On March 28, The Cybersecurity and Infrastructure Security Agency (CISA) published updated [guidance on essential critical infrastructure workers](#) during COVID-19 response.
- The U.S. Army Corps of Engineers received 25 mission assignments totaling approximately \$1.5 billion to design and build alternate care sites Arizona, California, Colorado, Florida, Illinois, Michigan, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Washington and Wisconsin.
  - As of April 6, more than 1,815 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.
- The Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort and 36 ventilators with three Army field hospital personnel supporting Seattle and New York City.
- The U.S. Department of Labor [announced the availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.
- The Department of Homeland Security has [extended the REAL ID enforcement deadline](#) to Oct. 1, 2021

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## CDC Public Guidance

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- Following state, tribal and local officials' instructions to stay at home is an important way to help. Social distancing not only protects you, but it protects the people you care about.
  - [COVID-19 spreads](#) between people who are in close contact with one another—that's why the CDC recommends staying at least 6 feet away from other people.
  - Staying home and limiting your interactions with people can break the chain of transmission and halt the spread of this new virus.
  - Wearing a cloth face mask in public is recommended when safe social distancing is difficult to maintain.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- People who are infected but do not have symptoms likely play an important role in the spread of COVID-19.
- Recent studies indicate that the virus can be spread by people before they develop symptoms (pre-symptomatic) or people who never develop symptoms (asymptomatic).
  - [CDC's recent article](#) about an outbreak in a skilled nursing facility in King County, Washington, underscores the importance of social distancing to break the train of COVID-19 transmission, especially when there is spread from people who have no symptoms.

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## Additional Resources

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- Coping with stress: CDC has [recommendations](#) for things you can do to support yourself by managing your anxiety and stress.
- Combating Disinformation and Rumors: FEMA has created a Rumor Control page on FEMA.gov to help the American public distinguish between rumors and facts regarding the response to COVID-19. The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](https://www.fema.gov/coronavirus).
- How to help: FEMA has information on how both the public and private sector can help. For more information, visit the page: [fema.gov/coronavirus/how-to-help](https://www.fema.gov/coronavirus/how-to-help)

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Tuesday, April 21, 2020

**“WITH YOUR HELP, WITH THE CONTINUED SUPPORT OF LEADERS AND STATES ACROSS THE COUNTRY, CONTINUED COOPERATION AND STRENGTH OF THE AMERICAN PEOPLE, WE WILL GET THROUGH THIS. WE ARE GETTING THROUGH THIS. WE WILL CONTINUE TO SLOW THE SPREAD. WE WILL CONTINUE TO SAVE LIVES, AND WE WILL HEAL OUR LAND.”**  
- VICE PRESIDENT PENCE

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### Topline Briefing Points and Messages

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- On **April 16**, President Trump released [Guidelines for Opening America Up Again](#), providing a plan for rolling back social distancing measures and reopening the country’s economy in several phases, depending on location.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources to reopen safely and responsibly.
- On **April 20**, President Trump launched the Dynamic Ventilator Reserve Program, an innovative public-private partnership to access up to 65,000 additional ventilators in hospitals across the country that can be redeployed when not in use.
- As of **April 20**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 57.4 million N95 respirators, 85.3million surgical masks, 6.4 million face shields, 12.3 million surgical gowns, 638 million gloves, 10,998 ventilators and 8,450 federal medical station beds.
  - FEMA continues to expedite movement of commercially pre-sourced and commercially procured critical supplies from the global market to medical distributors in various locations across the U.S. through [Project Airbridge](#).
  - On **April 17**, Vice President Pence issued a letter to the nation's governors summarizing the medical equipment and supplies that have been distributed to each state from FEMA from April 1 – 14 through Project Airbridge and the commercial supply network.
- The U.S. has now processed 4.3 million samples, which is more total tests than the following nations combined: Australia, Austria, Canada, France, India, Japan, Singapore, Sweden, South Korea, and the United Kingdom.
  - States should be making full use of the vast testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.
  - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs on needing to work with separate suppliers for swabs, reagents and other diagnostic testing supplies.



- On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.

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## Supply Chain Task Force

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- The FEMA/HHS Supply Chain Stabilization Task Force increases supply of medical supplies and equipment to front line healthcare workers.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion and Allocation, to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.
- As of **April 20**, [Project Airbridge](#) has completed 68 flights with an additional 46 scheduled for a total of approximately 114 flights.
  - Two flights landed on **April 20**: one in Chicago and one in Los Angeles.
  - Two flights are scheduled to land in Chicago today (**April 21**).
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- Through Project Airbridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 18:
  - More than 760,000 N95 masks
  - More than 600 million gloves
  - More than 52 million surgical masks
  - More than 7.1 million surgical gowns
  - Nearly 2.1 million thermometers
  - More than 562,000 face shields
- The airbridge program delivers personal protective equipment (PPE) to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the time it takes to ship commercially pre-sourced and procured supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until cargo is loaded.
  - As part of the current agreement with distributors, 50 percent of supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- The strategy to allocate medical supplies and equipment is based on COVID-19 disease activity and its effects, as well as the need to facilitate distribution of limited supplies to areas where resources are needed most urgently.
  - Leveraging quantitative data sets provided by FEMA, HHS, and Centers for Disease Control and Prevention (CDC), FEMA's National Resource Prioritization Cell combines these data streams, analyzes the available COVID-19 disease activity data to determine current and potential future areas that most urgently require resources.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The team of experts works through this process every 96 hours to ensure resource prioritization recommendations are driven by the best available or most current data.
- Since **April 12**, three flights have been completed to expedite shipments of approximately 10 million FEMA-procured N95 masks from 3M. The first 2 million N95 masks have arrived in the U.S. and two additional flights are scheduled to land in Chicago on **April 21**.
  - The masks will be distributed to prioritized areas as determined by FEMA and HHS.
  - Additional flights are being scheduled for the balance.
- To date, 8.5 million N95 masks from the Department of Defense have been distributed to cities prioritized by the White House Task Force; an additional 1.65 million were delivered to Illinois, Michigan and New York.
- Another 3.4 million DoD N95 masks were shipped to distribution centers in five states for further movement to Veterans Affairs medical centers across the nation.
- The Defense Logistics Agency awarded a contract to Battelle for 60 N95 Critical Care Decontamination System units for the sanitation and reuse of N95 respirators.
  - Nine systems have been deployed: two to New York and one each to California, Connecticut, Illinois, Massachusetts, New Jersey, Ohio, and Washington. Systems are en route to California (second unit), Colorado, District of Columbia, Georgia, Louisiana, Maryland, Michigan, Missouri, Pennsylvania, Rhode Island, and Texas (two units).
  - Additional units are planned for deployment across the U.S. by early May.
- The Strategic National Stockpile has begun shipping doses of hydroxychloroquine to locations in California, Florida, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nevada, New York, North Carolina, Ohio, the Seminole Tribe of Florida, South Dakota, Texas, the U.S. Virgin Islands, Virginia, and the Department of Veterans Affairs by request.

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## By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, five territories, and Washington, D.C. have been approved for major disaster declarations to assist with additional needs identified.
- As of **April 19**, FEMA and HHS have provided or are currently shipping 10,571 ventilators from the Strategic National Stockpile and the Defense Department to: Alaska (60), Arizona (100), California/LA County (170), Colorado (100), Commonwealth of the Northern Mariana Islands (25), Connecticut (350), Delaware (50), District of Columbia (200), Florida (200), Georgia (150), Guam (55), Illinois (600), Indiana (100), Louisiana (350), Maryland (470), Massachusetts (400), Michigan (700), the Navajo Nation (50), Nevada (150), New Jersey (1,558), New York (4,400), Oregon (140), Rhode Island (100), Washington (73) and the Federal Bureau of Prisons (20).
  - Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,
  - Governor Inslee of Washington returned 427 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
  - Governor Newsom of California is sending 500 state-owned ventilators to medical hotspots across the country through Emergency Management Assistance Compacts (EMAC). States that will receive ventilators include New York (100), New Jersey (100), Illinois (100), Maryland (100), Delaware (50), Washington, D.C. (50), and Nevada (50).
- The federal government has approximately 9,396 total ventilators available: 9,196 in the Strategic National Stockpile; 200 from the Department of Defense.
- As of **April 20**, FEMA has obligated \$5.7 billion in support of COVID-19 efforts.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA currently has 3,036 employees supporting COVID-19 pandemic response out of a total 20,605 agency employees ready to respond to other emergencies should they occur.
- As of **April 18**, 80 agencies across 27 states, the District of Columbia, one tribe and one U.S. territory have sent 192 text messages via the Wireless Emergency Alert system; 48 messages to broadcast stations via the Emergency Alert System.
- To date, the President has approved 47 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for National Guard orders through May 31.
  - This approach allows National Guard members to receive additional benefits associated with 31-day deployments and allow states additional time to issue new orders.
  - More than 30,940 National Guard troops have activated to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 4.3 million samples.
  - To date, the federal Community Based Testing Sites have screened more than 104,942 individuals.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Army Corps of Engineers has awarded contracts for the design and build of 32 alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Oregon, Tennessee, U.S. Virgin Islands, and Wisconsin.
  - As of **April 21**, 1,779 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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- FEMA, HHS, and our federal partners work with state, local, tribal and territorial governments to execute a whole-of-America response to COVID-19 pandemic and protect the health and safety of the American people.

### FEMA

- On **March 13**, President Trump declared a nationwide emergency pursuant to the Stafford Act.
  - 50 states, the District of Columbia, five territories, and 37 tribes are working directly with FEMA.
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - All 10 Regional Response Coordination Centers and emergency operations centers in all states and territories are active and supporting response efforts across the country.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to the FEMA NRCC in Washington, D.C. for fulfillment.
- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.
  - The federal government has adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped to the right states to sustain life within a 72-hour window.
  - Emergency managers and public health officials submit requests for ventilators to FEMA/HHS, providing detailed data on total medical/ hospital beds; total acute care (ICU) beds; normal occupancy; predicted surge occupancy; and number of ventilators available in the state.
- On **April 15**, FEMA Administrator Pete Gaynor [issued a letter to the nation's emergency managers](#) outlining lessons learned from the first 30 days of FEMA leading the “Whole-of-America” response to the coronavirus (COVID-19) pandemic.
  - Lessons learned addressed preservation and prioritization of scarce resources; use of data-driven decision making; utilization of key federal medical staff, Federal Medical Stations and Large-Format Alternative Care Sites; mitigation efforts to flatten the curve; strengthening the supply chain; as well as the importance of busting myths.
  - This guidance is a follow-on to the Administrator's [first letter to emergency managers](#) on March 27, which requested key actions and outlined critical steps for the initial COVID-19 response
- On **April 15**, FEMA's Office of Equal Rights issued a [bulletin outlining best practices](#) to assist state, local, tribal and territorial partners in anticipating and attending to civil rights concerns during the COVID-19 response and recovery.
- On **April 13**, The Department of Homeland Security and FEMA announced the funding notice for an additional \$100 million in supplemental Emergency Management Performance Grant Program funds.
  - The money is available to all 56 states, territories and the District of Columbia as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. All applications must be submitted on [Grants.gov](#) by April 28.
- On **April 12**, FEMA [issued guidance](#) on the framework, policy details and requirements for determining the eligibility for FEMA reimbursement of states purchasing and distributing food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus.
- On **April 9**, FEMA announced that it is [suspending rent for disaster survivors](#) living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas. The temporary suspension means residents will not have to pay rent in April, May or June.
- On **March 26**, FEMA issued a [request for quotation](#) for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](#).

## U.S. Department of Health and Human Services Agencies and Offices

- On **April 20**, the Substance Abuse and Mental Health Services Administration under HHS began releasing \$110 million in emergency grant funding to strengthen access to treatments for substance use disorders and serious mental illnesses during the COVID-19 pandemic.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 13**, HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyaire, as well as two other contracts for ventilator production, to Hamilton and Zoll.
  - Combined with contracts with [General Motors](#), [Philips](#) and [GE](#) rated under the DPA issued last week, the contracts will provide a total of 187,431 ventilators by the end of 2020.
  - The thousands of ventilators delivered to the Strategic National Stockpile starting this month, continuing through the spring and summer, will provide more capacity to respond to the pandemic as it evolves.
- Beginning **April 10**, [HHS and FEMA are working with states with federal Community-Based Testing Sites](#) to clarify whether sites want to continue as they are now, or transition to full state control.
- On **April 10**, HHS began delivering the initial [\\$30 billion in relief funding](#) to providers in support of the national response to COVID-19, with \$26 of the \$30 billion expected to be delivered to providers' bank accounts the same day.
- On **April 10**, HHS Secretary Azar sent a follow up letter to hospital administrators, reinforcing the need for data to be provided daily to facilitate planning, monitoring, and resource allocation in response to COVID-19.
- On **April 8**, HHS, through the Health Resources and Services Administration [awarded more than \\$1.3 billion to 1,387 health centers](#). These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.
- On **April 6**, HHS [announced it will release \\$186 million in additional CDC funding](#) to state and local jurisdictions with accelerating or rapidly accelerating COVID-19 cases to support response activities and surveillance capabilities.
- On **March 24**, HHS [announced \\$250 million in grants](#) from the Administration for Community Living to help states, territories and tribes provide meals to older adults.
- Also on **March 24**, HHS [awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS identified [\\$80 million dollars specifically for tribes](#), tribal organizations, and tribal health service providers.
- On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months.

## Centers for Disease Control and Prevention

- The nation's [Slow the Spread](#) campaign continues through **April 30**. CDC [recommends that everyone use a cloth face covering](#) in community settings to help reduce the spread of COVID-19.
- CDC continues to encourage use of [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **April 8**, CDC issued [additional guidance](#) to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
- On **April 3**, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **March 28**, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to HHS, CDC, and the CDC's National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module.
- On **March 17**, CDC issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.

### Food and Drug Administration (FDA)

- FDA launched the Coronavirus Treatment Acceleration Program (CTAP) to speed approval of drugs and therapies. 72 therapies are now being tested, including hydroxychloroquine, and another 211 are in active planning for clinical trials.
- FDA published a [new blog post](#) on the [Coronavirus Treatment Acceleration Program](#). The program uses every available method to move new treatments to patients as quickly as possible, while at the same time finding out whether the treatments are helpful or harmful.
- FDA has granted [37 Emergency Use Authorizations](#) of commercially available diagnostic tests, including the first diagnostic test using saliva from patients in health care settings, and four antibody tests to be used in hospital laboratories.
- FDA has authorized four mask sterilizations systems to disinfect N95 masks, with one system that can [decontaminate 4 million N95 masks per day](#).
- On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.
- On **April 14**, the FDA issued a consumer update: [How You Can Make a Difference During the Coronavirus Pandemic](#), outlining ways to help such as donating blood or saving PPE for frontline workers.
- On **April 3**, the [FDA announced](#) a new national effort to bring blood-related therapies for COVID-19 to market as fast as possible.
  - HHS and the Assistant Secretary for Preparedness and Response's Biomedical Advanced Research and Development Authority (BARDA) will collaborate with American Red Cross and three companies on [the development of convalescent plasma and hyperimmune globulin immunotherapies](#) to make safe and effective treatments available.
- On **March 28**, FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- The FDA released [food shopping information](#) to reassure consumers that there is currently no evidence of human or animal food or food packaging being associated with transmission of the coronavirus that causes COVID-19.

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### Other Federal Agencies

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- As of **April 20**, the Small Business Administration's [Paycheck Protection Program](#) has processed nearly \$350 billion in loans to 1.6 million small businesses. More than 4,900 lending institutions have participated in making these SBA-backed loans.
- American Red Cross and the American Association of Blood Banks (AABB) continue to seek blood and convalescent plasma donations. To find where you can donate blood, visit [aabb.org](#).
  - People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus and may be able to help others fighting the infection [by donating plasma](#).

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- As of **April 19**, the U.S. Coast Guard is tracking one cruise ship due to arrive in Los Angeles on April 20 with 115 passengers and 378 crew members onboard. As part of a three-phased debarkation plan, the passengers are scheduled to disembark by April 24. USCG is currently monitoring one cruise ship and 17 commercial vessels with crew or passengers that have embarked from a coronavirus port of interest which are scheduled to arrive in US ports in the next 24 hours.
- On **April 17**, the Department of Homeland Security distributed a guide on COVID-19 funding available to law enforcement to stakeholders. This document includes descriptions of programs, eligibility requirements, applications, and application deadlines.
- On **April 17**, U.S. Department of Agriculture announced the [Coronavirus Food Assistance Program \(CFAP\)](#), an immediate relief program that provides \$19 billion in support to farmers and ranchers.
  - The funding includes \$16 billion in direct support to farmers and ranchers based on actual losses as well as funding to purchase and distribute \$3 billion in fresh produce, dairy and meat products to food banks, community and faith-based organizations and other non-profits serving people in need.
- On **April 17**, the Cybersecurity and Infrastructure Security Agency released version 3.0 of the [Essential Critical Infrastructure Workers guidance](#) to help state and local jurisdictions and the private sector identify and manage their essential workforce while responding to COVID-19.
- On **April 15**, the White House announced [a collaboration by Schema.org](#) to help Americans find the most up-to-date public health guidance through use of standard tags in website code to make webpages easier to find in online search engine results.
- On **April 15**, Immigration and Customs Enforcement Homeland Security Investigations launched [Operation Stolen Promise](#) to combat COVID-19 related fraud and other criminal activity.
  - On **April 20**, Immigration and Customs Enforcement Homeland Security Investigations, with assistance from Customs and Border Protection Field Intelligence Group, seized 5,300 potentially fraudulent COVID 19 test kits.
- On **April 9**, the [U.S Department of Education announced](#) more than \$6 billion from the CARES Act will be distributed to colleges and universities to provide direct emergency cash grants to college students whose lives and educations have been disrupted by the coronavirus outbreak.
  - On April 21, the Department of Education is planning to announce an additional \$6.28 billion in funding for institutions to cover costs associated with significant changes to the delivery of instruction due to COVID-19.
- On **April 3**, President Trump issued “[Memorandum on Allocating Certain Scarce or Threatened Health and Medical Resources to Domestic Use](#)” directing DHS and FEMA, in consultation with the HHS, to use the Defense Production Act to keep scarce medical resources within the United States for domestic use. CBP is assisting FEMA in temporarily detaining export shipments of PPE.
- On **March 24**, the Department of Justice created a national task force to actively look for and act on hoarding and price gouging.
- Many telecommunication companies are working with the Federal Communications Commission to “[Keep Americans Connected](#).” This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.



# Coronavirus (COVID-19) Pandemic: Daily Briefing Points Supplemental

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Tuesday, April 21, 2020

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## Regional Response

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### Region II

#### Metro New York/New Jersey

- Total medical supplies and equipment provided to New York include 6 million N95 respirators, 2.5 million surgical masks, 365,295 face shields, 301,639 surgical gowns, 8,059 coveralls, 1.4 million gloves, and 4,540 ventilators.
  - Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,
  - Governor Newsom of California sent 100 state-owned ventilators to New York through Emergency Management Assistance Compacts (EMAC).
- Medical supplies and equipment provided to the State of New Jersey include 290,055 N95 respirators, 689,980 surgical masks, 139,144 face shields, 113,935 surgical gowns, 3,848 coveralls, 591,269 gloves, 1,558 ventilators and 1,417 Federal Medical Station beds.
- As of April 20, FEMA has obligated more than \$1.36 billion in federal support to the state of New York and \$361 million in federal support to the state of New Jersey.
- The medical station at the Javits Center in Manhattan is operational with a maximum capacity of 2,148 medical beds, including 48 ICU beds.
  - The medical station has seen a total of 1,044 patients.
  - Additional temporary hospital sites are being worked, including a 600-bed capacity nursing home facility in Brooklyn, and numerous floors of a high-rise building on Wall Street.
- Medical staff support in New York City includes 62,000 surge volunteers, 24,600 mental health workers and more than 3,045 NY National Guard members.
  - NYC Medical Reserve Corps is also supporting, including approximately 1,000 nurses, 185 mid-level professionals, 1,000 contracted nurse, 200 respiratory therapists, and 50 nurse practitioners/physicians.
  - Three hundred and eighteen DoD Individual Medical Augment personnel are assisting New York City hospitals.
  - Additional DoD medical teams including 440 Navy Expeditionary Medical Facility and 510 DoD Urban Augmentation Medical personnel are supporting the Javits Center.
  - NYSDOH hired an additional 7,000 health care workers.
- The USNS Comfort is at Pier 90 in New York City and has seen 178 patients.
- At New York State's request, FEMA issued a \$6 million mission assignment to HHS to provide round the clock medical staff to care for non-critical patients in the state.
  - New York Governor Cuomo announced the state will send 100 ventilators New Jersey.

## DAILY BRIEFING POINTS SUPPLEMENTAL: REGIONAL RESPONSE

- Construction began at Brooklyn Cruise Terminal for 630 beds, including 20 ICU beds, scheduled for completion the week of April 20.
- FEMA issued a \$350 million Mission Assignment to the U.S. Army Corps of Engineers for construction of additional alternate care facilities in New York.
  - The development of three New York state priorities for alternate care facility conversions at State University (SUNY) Stony Brook, SUNY Old Westbury, and the Westchester Community Center has been paused. Construction will be completed by USACE, but the state will no longer pursue wrap-around support or medical staffing.
- New Jersey activated a FEMA ambulance contract, requesting 50 Basic Life Support and 25 Advanced Life Support ambulances to support operations in Jersey City and Newark.
- Requests are being processed for assistance from the Disaster Mortuary Operational Response Team (DMORT). Eighty-five refrigerated trailers arrived in NYC April 17.
  - The Office of the Assistant Secretary for Preparedness and Response has deployed two subject matter experts to serve as consultants for mortuary affairs and to help identify federal support needed.

## Region III

### Washington D.C. Metro Area (Washington, D.C., Maryland and Virginia)

- As of April 20, FEMA has obligated more than \$54.8 million in federal support for the state of Maryland, more than \$200 million to the state of Virginia, and more than \$60.7 million to the District of Columbia.
- FEMA delivered a 250-bed Federal Medical Station package to the state of Maryland.
  - Maryland National Guard deployed the FMS package to establish an alternate care site at the Baltimore Convention Center to increase state hospital capacity.
  - An additional 50 bed Federal Medical Station is allocated for the Metro DC area.
- FEMA obligated \$27.5 million for the District of Columbia to activate and provide command and control of the DoD Joint Headquarters. On April 8, FEMA obligated \$55 million for U.S. Army Corps of Engineers assessment and construction of medical surge support alternate care facilities for the District of Columbia.
  - USACE awarded a contract for an alternate care facility at Hagerstown Correctional Facility in Hagerstown, MD.
  - USACE awarded contracts for two alternate care facilities in the District of Columbia at United Medical Center and the Walter Washington Convention Center.

## Region V

### State of Illinois and the City of Chicago

- Medical supplies and equipment delivered to the State of Illinois include more than 1.64 million N95 respirators, more than 5.6 million surgical masks, 287,430 face shields, more than 2.1 million surgical gowns, 7,621 coveralls, and more than 40.5 million gloves.
- As of April 20, FEMA has obligated \$262 million in federal support for the state of Illinois for the response to COVID-19.
- Field hospital/alternate medical facility assessments are underway in Illinois.
  - Assessment teams from DoD, USACE, FEMA, HHS, and state, county, and local officials are



## DAILY BRIEFING POINTS SUPPLEMENTAL: REGIONAL RESPONSE

evaluating 10 potential sites for alternate medical facilities in the Chicago area.

- The first phase of construction at the McCormick Place in Chicago for 500 beds was completed on April 3. An additional 2,500 bed phase is in process.
  - Sites at West Lake Hospital in Melrose Park, Sherman Hospital in Elgin, Metro South Hospital in Blue Island and Vibra hospital in Springfield are in the build-out phase. Two additional requests are being worked: an additional \$5 million for the hospital in Blue Island to extend ICU bed capacity; and an additional \$11 million for the design and construction of the alternate care site at the Vibra hospital.
- As of April 17, one Battelle N95 decontamination unit is operational in Waukegan, Illinois.

### State of Michigan

- Medical supplies and equipment delivered to the State of Michigan include 931,760 N95 respirators, more than 1.7 million surgical masks, 178,472 face shields, more than 1.1 million surgical gowns, 3,888 coveralls, and more than 59.9 million gloves.
- As of April 20, FEMA has obligated more than \$120 million to the state of Michigan.
- As of April 7, FEMA and HHS delivered 700 ventilators from the Strategic National Stockpile to Michigan.
- FEMA is coordinating with the state of Michigan to confirm the delivery date and destination of a 250-bed Federal Medical Station and a Public Health strike team.
- FEMA is coordinating with USACE for a \$20 million Mission Assignment for design and buildout of alternate care facilities.
  - A 1,000-bed ACF at the TCF Convention Center in Detroit has seen 30 patients.
  - USACE is in the build-out phase of a 250-bed alternative care facility at Suburban Collection Showplace. USACE completed construction on April 20.
  - Alternate care facility sites at the University of Michigan in Ann Arbor and Grand Rapids are in the design/buildout phase pending needs assessment.

## Region VI

### State of Louisiana and the City of New Orleans

- As of April 20, FEMA has obligated \$131 million in federal support for the state of Louisiana, including \$55.7 million to the state to reimburse costs related to the COVID-19 response.
- Two Community Based Testing Sites are open and operational in New Orleans.
- An epidemiology team from the Centers for Disease Control and Prevention (CDC) arrived at the Louisiana Emergency Operations Center on March 26.
- Additional support being sent to the state to increase state hospital capacity includes two 250- bed Federal Medical Stations and USACE support for assessment and evaluation of alternative care facilities.
  - As of April 21, the Ernest N. Morial Convention Center in New Orleans has seen 11 patients. Additional DoD personnel supporting Baton Rouge General Medical Center have seen 36 patients.
- An additional 200 ventilators have been allocated for the state in addition to the 150 ventilators already provided.

### State of Texas

- As of April 20, FEMA has obligated \$370 million in federal support for the state of Texas, including \$66.6 million to the state to reimburse costs related to the COVID-19 response.

## Region IX

### State of California

- Medical supplies and equipment delivered to the State of California include 1.6 million N95 respirators, 2.6 million surgical masks, 530,220 face shields, 402,124 surgical gowns, 8,357 coveralls, and 1.5 million gloves.
- As of April 20, FEMA had obligated more than \$1.04 billion in federal support for the state of California, including \$617.7 million to the state to reimburse costs related to the COVID-19 response.
- USACE continues assessment of eight state-selected facilities to develop large-scale, supplemental hospital space as the state works to expand existing hospital capacity by up to 50,000 beds.
  - Out of the assessed facilities, USACE is constructing an alternate care facility at the Porterville Development Center in Porterville, CA.
  - The first of eight Federal Medical Stations initiated operations on March 29.
- Federal and state partners working to convert the Craneway Pavilion into a 250-bed federal medical station.
- The USNS Mercy hospital ship is operational and receiving patients in Los Angeles. It has seen 65 patients and has 250 staffed hospital beds available to help relieve strains on local hospital systems.
  - Starting April 20, USNS Mercy will provide medical personnel support for 100 beds in a local facility and support 250 non-COVID beds aboard the ship.
- 170 ventilators from the Strategic National Stockpile were delivered to Los Angeles county.
- Through California's Emergency Management Assistance Compact, the state has loaned 500 ventilators to six states and the District of Columbia.
- The state is working on shelter space for at-risk population by providing over 11,000 hotel/motel rooms and 1,126 trailers deployed to Santa Clara, Los Angeles, and Sacramento counties. There are 12,156 units secured with 4,257 units currently occupied.
- FEMA completed the sale of 105 travel trailers to the state to support a State COVID-19 housing initiative for impacted individuals.
- On April 13, California Governor Newsom, Washington Governor Inslee and Oregon Governor Brown announced a Western States Pact to work on a shared approach for reopening their economies and controlling COVID-19.
- California Governor Newsom recently launched a new initiative to expand California's health care workforce and recruit health care professionals to address the COVID-19 surge. Health care professionals with an active license, public health professionals, medical retirees, medical and nursing students, or members of medical disaster response teams in California are all encouraged to join the new [California Health Corps](#).

### State of Nevada

- As of April 20, FEMA has obligated \$43.7 million in federal support for the state of Nevada.

## Region X

### State of Alaska

- Medical supplies and equipment delivered to the State of Alaska include 13,665 N-95 respirator masks, 32,552 surgical masks, 6,198 face shields, 5,054 surgical gowns, 17,995 gloves, 26 coveralls and 60 ventilators.
- As of April 20, FEMA has obligated \$7.5 million in federal support for the state of Alaska.
- USACE completed construction of an alternate care site at Alaska Airlines Center. Activation date is to be determined.

### State of Idaho

- Medical supplies and equipment delivered to the State of Idaho include 15,080 N-95 respirator masks, 35,923 surgical masks, 6,840 face shields, 5,577 surgical gowns, 19,858 gloves, and 57 coveralls. On March 30, an additional 60,300 N95 masks, 143,000 surgical masks, 31,200 face shields, 24,786 surgical gowns, 1,765 coveralls and 164,000 gloves.
- As of April 19, the state of Idaho has released 300 FMS beds back to HHS for redeployment to meet other needs. Fifty were redeployed to New Mexico, 250 were redeployed to Colorado.

### State of Oregon

- Medical supplies and equipment delivered to the State of Oregon include 60,305 N-95 respirator masks, 318,000 surgical masks, 64,200 face shields, 38,994 surgical gowns, 251,490 gloves and 420 coveralls.
- As of April 20, FEMA has obligated \$40 million in federal support for the state of Oregon.
- As of April 17, a 50-bed federal medical site was redeployed to New Mexico
- On April 14, the state confirmed an alternate care site will be located at the VA clinic in Eugene. USACE approval for build out is pending.
- On April 13, Governor Brown announced that the state will provide \$8 million to the Oregon Food Bank to meet urgent food assistance needs.
- On April 13, Oregon Governor Brown, Washington Governor Inslee and California Governor Newsom announced a Western States Pact to work on a shared approach for reopening their economies and controlling COVID-19.

### State of Washington

- Medical supplies and equipment delivered to the State of Washington include 581,140 N-95 respirator masks, 419,400 surgical masks, 62,000 face shields, 78,589 surgical gowns, 493,850 gloves, 3,620 coveralls and 500 ventilators.
- As of April 20, FEMA has obligated \$79 million in federal support for the state of Washington.
- Field hospital/alternate medical facility support for the COVID-19 response in Washington includes:
  - As of April 19, a 250-bed federal medical station was redeployed to New Mexico
  - As of April 15, two 50-bed federal medical stations are available for redeployment.
  - As of April 15, USACE has completed 19 alternate care site assessments.
  - On April 12, the CenturyLink Event Center field hospital demobilized. Resources are ready for redeployment to support other states.
  - The plans for an additional site at Astria Regional Medical Center in Yakima were canceled. The

## DAILY BRIEFING POINTS SUPPLEMENTAL: REGIONAL RESPONSE

site will be redeployed as requested to support needs of long-term care facilities in other parts of the state or nation.

- On April 3, USACE conducted an assessment for the Makah Tribe; an assessment request is pending from Confederated Tribes of the Colville Reservation.
- The state has returned 427 ventilators to FEMA to support other states.
- On April 13, Washington Governor Inslee, Oregon Governor Brown and California Governor Newsom announced a Western States Pact to work on a shared approach for reopening their economies and controlling COVID-19.

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Monday, April 27, 2020

**“FEMA, HHS AND OUR FEDERAL PARTNERS ARE COMMITTED TO ENSURING GOVERNORS ACROSS THE COUNTRY HAVE EQUIPMENT, SUPPLIES AND TESTING RESOURCES TO REOPEN SAFELY AND RESPONSIBLY.”**

**- FEMA ADMINISTRATOR PETE GAYNOR**

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### Topline Briefing Points and Messages

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- On **April 16**, President Trump released [Guidelines for Opening Up America Again](#), providing a plan for rolling back social distancing measures and reopening the country’s economy in several phases, depending on location.
  - Vice President Pence spoke with the Nation’s governors on **April 24**, reinforcing the partnership between the federal and state governments and the continued progress to expand and implement testing to be able to reopen safely and responsibly under the phased approach.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources.
- On **April 26**, CDC and the Occupational Safety and Health Administration (OSHA) [released targeted guidance](#) to help meat and poultry processing facilities implement infection control practices to reduce the risk of transmission and illness from COVID-19 in these facilities.
  - Meat and poultry processing facilities present unique challenges for the prevention and control of COVID-19 transmission among workers.
  - Meat and poultry processing employers should implement a combination of engineering controls, cleaning and disinfection, social distancing, work practice controls, administrative controls, and use of personal protective equipment.
  - Basic worker infection prevention information and training should be provided to all workers in a clear and accessible manner, including training on social distancing and ways to reduce the spread of infection. To ensure accessibility, multi-lingual materials should be considered and made available, as appropriate.
- FEMA, HHS and the Cybersecurity Infrastructure and Security Agency (CISA) along with other federal agencies are distributing cloth face coverings as part of a multi-prong approach to re-open American economic activity while continuing to limit spread of COVID-19.
  - As of **April 26**, 32.5 million cloth face coverings are being processed and distributed to state, local, tribal, private sector, and federal entities
  - The facial coverings are being delivered in a phased approach for infrastructure workers, first responders and food producers who do not need medical-grade personal protective equipment (PPE) for their daily work. Distribution is based on CISA’s analysis of priority infrastructure sectors.
  - The federal government will provide additional face coverings in production to states, territories and tribes for distribution, with priority to emergency services, food production and distribution, and other sectors that support community lifelines.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA and HHS are also providing face coverings to federal departments and agencies with mission essential functions to promote health and safety in the workplace and in their execution of public-facing missions
- As of **April 26**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 74.7 million N95 respirators, 104.8 million surgical masks, 7.2 million face shields, 15 million surgical gowns, 798 million gloves, 10,603 ventilators and 8,450 federal medical station beds.
- The U.S. has now processed 5.2 million samples, which is more total tests than the following nations combined: Australia, Austria, Canada, France, India, Japan, Singapore, Sweden, South Korea, and the United Kingdom.
  - States should be making full use of the testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.

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## Supply Chain Task Force

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- FEMA continues to expedite movement of commercially pre-sourced and commercially procured critical supplies from the global market to medical distributors in various locations across the U.S. through [Project Airbridge](#).
- As of **April 26**, Project Air Bridge has completed 85 flights with an additional 25 scheduled, or in transit, for a total of approximately 110 flights.
  - One flight landed in New York City (JFK) yesterday, **April 26**.
  - Five flights are scheduled to land today, **April 27**: three in Chicago and two in Los Angeles.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- Through Project Air Bridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 26:
  - More than 768,000 N95 respirators
  - More than 746 million gloves
  - 70.5 million surgical masks
  - 9.7 million surgical gowns
  - More than 2.1 million thermometers
  - 562,000 face shields
- Since Monday April 20, nineteen flights carrying a total of 18.6 million FEMA-procured masks and respirators from 3M have landed in Chicago, New York and Baltimore. The masks will be distributed to prioritized areas as determined by FEMA and HHS.
- Project Airbridge delivers PPE to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA covers the cost to fly supplies into the U.S. from overseas factories. The prices of the airbridge flights vary, but on average each flight cost is approximately \$750,000 to \$800,000, depending on the carriers and cargo being air lifted.
- As part of the current agreement with distributors, 50 percent of supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs. These areas are determined by HHS and FEMA based on CDC data.
- FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
- The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- The strategy to allocate medical supplies and equipment is based on COVID-19 disease activity and its effects, as well as the need to facilitate distribution of limited supplies to areas where resources are needed most urgently.
  - Leveraging quantitative data sets provided by FEMA, HHS, and Centers for Disease Control and Prevention (CDC), FEMA's National Resource Prioritization Cell combines these data streams, analyzes the available COVID-19 disease activity data to determine current and potential future areas that most urgently require resources.
  - The team of experts works through this process every 96 hours to ensure resource prioritization recommendations are driven by the best available or most current data.
- The Defense Logistics Agency awarded a contract to Battelle for 60 N95 Critical Care Decontamination System units for the sanitation and reuse of N95 respirators.
  - Fifteen systems have been delivered: two to both New York and California and one each to Connecticut, Georgia, Illinois, Maryland, Massachusetts, Michigan, New Jersey, Ohio, Rhode Island, Washington and the District of Columbia. Systems are en route to Arkansas, Idaho, Kentucky, Missouri, New Mexico, Pennsylvania, and Texas (two units).
  - Additional units are planned for deployment across the U.S. by early May.

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## By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, five territories, and Washington, D.C. have been approved for major disaster declarations to assist with additional needs identified.
- As of **April 26**, FEMA and HHS have provided or are currently shipping 10,603 ventilators from the Strategic National Stockpile and the Defense Department to states, tribes and territories.
- The federal government has approximately 11,327 total ventilators available: 10,245 in the Strategic National Stockpile; 1,082 from the Department of Defense.
- As of **April 24**, FEMA has obligated \$5.8 billion in support of COVID-19 efforts.
- FEMA currently has 3,123 employees supporting COVID-19 pandemic response out of a total 20,605 agency employees ready to respond to other emergencies should they occur.
- As of **April 25**, 81 agencies across 28 states, the District of Columbia, one tribe and one U.S. territory have sent 204 alerts with information on COVID-19 via the Wireless Emergency Alert system; 51 alerts to broadcast stations via the Emergency Alert System.
- To date, the President has approved 47 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Pursuant to this approval, the federal government will fund 100 percent of the cost share for T-32 National Guard orders through May 31.
  - More than 36,000 National Guard troops have activated in T-32 duty status and 1,984 troops have activated in State Active Duty status to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 5.2 million samples.
  - As of **April 24**, the federal Community Based Testing Sites have screened more than 128,252 individuals.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Army Corps of Engineers has awarded 32 contracts for the design and build of alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Oregon, Tennessee, U.S. Virgin Islands, and Wisconsin.
  - As of **April 27**, 1,573 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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- FEMA and HHS have obligated \$51.1 billion to support COVID-19 response efforts from the first three emergency supplemental appropriations.
- FEMA, HHS, and our federal partners work with state, local, tribal and territorial governments to execute a whole-of-America response to COVID-19 pandemic and protect the health and safety of the American people.

### FEMA

- On **March 13**, President Trump declared a nationwide emergency pursuant to the Stafford Act.
  - 50 states, the District of Columbia, five territories, and 37 tribes are working directly with FEMA.
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - All 10 Regional Response Coordination Centers and emergency operations centers in all states and territories are active and supporting response efforts across the country.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to the FEMA NRCC in Washington, D.C. for fulfillment.
- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The federal government adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped to the right states to sustain life within a 72-hour window.
  - Emergency managers and public health officials submit requests for ventilators to FEMA/HHS, providing detailed data on total medical/ hospital beds; total acute care (ICU) beds; normal occupancy; predicted surge occupancy; and number of ventilators available in the state.
- On **April 25**, FEMA announced that more than \$5.1 million dollars in crisis counseling service grants have been made available to five states to support programs providing free, confidential counseling through community-based outreach and educational services.
- On **April 23**, [FEMA announced](#) an additional \$100 million in funding for the Assistance to Firefighters Grant Program. This supplemental funding will provide financial assistance directly to eligible fire departments, non-affiliated emergency medical service organizations and State Fire Training Academies for critical PPE and supplies needed to respond to COVID-19. The application period begins April 28.
- On **April 20**, President Trump launched the Dynamic Ventilator Reserve Program, an innovative public-private partnership to access up to 65,000 additional ventilators in hospitals across the country that can be redeployed when not in use.
- On **April 15**, FEMA Administrator Pete Gaynor [issued a letter to the nation's emergency managers](#) outlining lessons learned from the first 30 days of FEMA leading the "Whole-of-America" response to the coronavirus (COVID-19) pandemic.
  - Lessons learned addressed preservation and prioritization of scarce resources; use of data-driven decision making; utilization of key federal medical staff, Federal Medical Stations and Large-Format Alternative Care Sites; mitigation efforts to flatten the curve; strengthening the supply chain; as well as the importance of busting myths.
  - This guidance is a follow-on to the Administrator's [first letter to emergency managers](#) on March 27, which requested key actions and outlined critical steps for the initial COVID-19 response
- On **April 15**, FEMA's Office of Equal Rights issued a [bulletin outlining best practices](#) to assist state, local, tribal and territorial partners in anticipating and attending to civil rights concerns during the COVID-19 response and recovery.
- On **April 13**, The Department of Homeland Security and FEMA announced the funding notice for an additional \$100 million in supplemental Emergency Management Performance Grant Program funds.
  - The money is available to all 56 states, territories and the District of Columbia as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. All applications must be submitted on [Grants.gov](#) by April 28.
- On **April 12**, FEMA [issued guidance](#) on the framework, policy details and requirements for determining the eligibility for FEMA reimbursement of states purchasing and distributing food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus.
- On **April 9**, FEMA announced that it is [suspending rent for disaster survivors](#) living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas. The temporary suspension means residents will not have to pay rent in April, May or June.
- On **March 26**, FEMA issued a [request for quotation](#) for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](#).

## U.S. Department of Health and Human Services Agencies and Offices

- As of **April 24**, the Biomedical Advanced Research and Development Authority (BARDA) within the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) has a COVID-19 Medical Countermeasure Portfolio that includes development of 26 products supported under public-private partnerships.
  - Of these, 15 are diagnostics, seven are treatments, three are vaccines, and one is a rapidly deployable capability to help protect the American people from COVID-19.
  - To date, BARDA has obligated \$39.8 million for diagnostics, \$334.9 million for treatments, more than \$979.3 million for vaccines.
- On **April 23**, HHS, through the Health Resources and Services Administration, [awarded nearly \\$5 million to Poison Control Centers](#) across the country to improve their capacity to respond to increased calls due to the COVID-19 pandemic.
  - As more Americans heed cleaning recommendations to combat exposure to COVID-19, the nation's Poison Control Centers are seeing sharp increases in calls related to cleaners and disinfectants.
- On **April 22**, HHS launched [Telehealth.hhs.gov](https://telehealth.hhs.gov). The site is a central source of information on telehealth resources and tools for patients and providers.
- On **April 21**, HHS announced [\\$955 million in grants from the Administration for Community Living](#) to help meet the needs of older adults and people with disabilities. The grants will fund home-delivered meals, care services in the home, respite care and other support to families and caregivers, and other support services.
- On **April 20**, the [Substance Abuse and Mental Health Services Administration](#) under HHS began releasing \$110 million in emergency grant funding to strengthen access to treatments for substance use disorders and serious mental illnesses during the COVID-19 pandemic.
- On **April 13**, HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyair, as well as two other contracts for ventilator production, to Hamilton and Zoll.
  - Combined with contracts with [General Motors](#), [Phillips](#) and [GE](#) rated under the DPA issued last week, the contracts will provide a total of 187,431 ventilators by the end of 2020.
  - The thousands of ventilators delivered to the Strategic National Stockpile starting this month, continuing through the spring and summer, will provide more capacity to respond to the pandemic as it evolves.
- Beginning **April 10**, [HHS and FEMA are working with states with federal Community-Based Testing Sites](#) to clarify whether sites want to continue as they are now, or transition to full state control.
- On **April 10**, HHS began delivering the initial [\\$30 billion in relief funding](#) to providers in support of the national response to COVID-19, with \$26 of the \$30 billion expected to be delivered to providers' bank accounts the same day.
- On **April 10**, HHS Secretary Azar sent a follow up letter to hospital administrators, reinforcing the need for data to be provided daily to facilitate planning, monitoring, and resource allocation in response to COVID-19.
- On **April 8**, HHS, through the Health Resources and Services Administration [awarded more than \\$1.3 billion to 1,387 health centers](#). These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 6**, HHS [announced it will release \\$186 million in additional CDC funding](#) to state and local jurisdictions with accelerating or rapidly accelerating COVID-19 cases to support response activities and surveillance capabilities.
- On **March 24**, HHS [announced \\$250 million in grants](#) from the Administration for Community Living to help states, territories and tribes provide meals to older adults.
- Also on **March 24**, HHS [awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- On **March 24**, ASPR [announced \\$100 million](#) in funding to aid U.S. healthcare systems in preparing quickly for a surge in COVID-19 patients. The support directly benefits the National Special Pathogen System, 10 regional Ebola and other special pathogen treatment centers; 62 HHS Hospital Preparedness Program cooperative agreement recipients and their state or jurisdiction special pathogen treatment centers; and hospital associations for direct funding to hospitals.
- HHS identified [\\$80 million dollars specifically for tribes](#), tribal organizations, and tribal health service providers.

## Centers for Disease Control and Prevention

- The nation's [Slow the Spread](#) campaign continues through **April 30**. CDC [recommends that everyone use a cloth face covering](#) in community settings to help reduce the spread of COVID-19.
- CDC continues to encourage use of [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **April 8**, CDC issued [additional guidance](#) to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
- On **April 3**, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- On **March 28**, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to HHS, CDC, and the CDC's National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module.
- On **March 17**, CDC issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.

## Food and Drug Administration (FDA)

- FDA launched the Coronavirus Treatment Acceleration Program (CTAP) to speed approval of drugs and therapies. 72 therapies are now being tested, including hydroxychloroquine, and another 211 are in active planning for clinical trials.
- FDA published a [new blog post](#) on the [Coronavirus Treatment Acceleration Program](#). The program uses every available method to move new treatments to patients as quickly as possible, while at the same time finding out whether the treatments are helpful or harmful.
- FDA has granted more than [50 Emergency Use Authorizations](#) of commercially available diagnostic tests, including the first diagnostic test using saliva from patients in health care settings, and four antibody tests to be used in hospital laboratories.
- FDA has authorized four mask sterilizations systems to disinfect N95 masks, with one system that can [decontaminate 4 million N95 masks per day](#).

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- During the **April 24** White House Press Briefing, FDA Commissioner Dr. Stephen Hahn announced [approval the first COVID-19 home collection test kit](#).
- On **April 21**, the FDA issued an emergency use authorization for IntelliVue Patient monitors intended to be used by healthcare professionals in the hospital environment for remote monitoring of adult, pediatric and neonate patients having or suspected of having COVID-19 to reduce healthcare provider exposure.
- On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.
- On **April 14**, the FDA issued a consumer update: [How You Can Make a Difference During the Coronavirus Pandemic](#), outlining ways to help such as donating blood or saving PPE for frontline workers.
- On **April 3**, the [FDA announced](#) a new national effort to bring blood-related therapies for COVID-19 to market as fast as possible.
  - HHS and the Assistant Secretary for Preparedness and Response’s Biomedical Advanced Research and Development Authority (BARDA) will collaborate with American Red Cross and three companies on [the development of convalescent plasma and hyperimmune globulin immunotherapies](#) to make safe and effective treatments available.
- On **March 28**, FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- The FDA released [food shopping information](#) to reassure consumers that there is currently no evidence of human or animal food or food packaging being associated with transmission of the coronavirus that causes COVID-19.

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## Other Federal Agencies

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- American Red Cross and the American Association of Blood Banks (AABB) continue to seek blood and convalescent plasma donations. To find where you can donate blood, visit [aabb.org](#).
  - People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus and may be able to help others fighting the infection [by donating plasma](#).
- On **April 24**, President Trump signed the [Paycheck Protection Program and Health Care Enhancement Act](#) to replenish the Small Business Administration’s small business loan program while also providing crucial support for America’s frontline medical workers.
  - The [Paycheck Protection Program](#) processed nearly \$350 billion in loans to 1.6 million small businesses from funding provided in the CARES Act. More than 4,900 lending institutions participated in making these SBA-backed loans.
- As of **April 23**, the USCG has facilitated the safe discharge of over 275,000 passengers from more than 125 cruise ships as a result of the orderly shutdown of the cruise industry. The Coast Guard will continue to work with CDC, state and local authorities to manage the cruise ships in US waters carrying crew only.
- On **April 17**, the Department of Homeland Security distributed a guide on COVID-19 funding available to law enforcement to stakeholders. This document includes descriptions of programs, eligibility requirements, applications, and application deadlines.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 17**, U.S. Department of Agriculture announced the [Coronavirus Food Assistance Program](#), an immediate relief program that provides \$19 billion in support to farmers and ranchers.
  - The funding includes \$16 billion in direct support to farmers and ranchers based on actual losses as well as funding to purchase and distribute \$3 billion in fresh produce, dairy and meat products to food banks, community and faith-based organizations and other non-profits serving people in need.
- On **April 17**, the Cybersecurity and Infrastructure Security Agency released version 3.0 of the [Essential Critical Infrastructure Workers guidance](#) to help state and local jurisdictions and the private sector identify and manage their essential workforce while responding to COVID-19.
- On **April 15**, the White House announced [a collaboration by Schema.org](#) to help Americans find the most up-to-date public health guidance through use of standard tags in website code to make webpages easier to find in online search engine results.
- On **April 15**, Immigration and Customs Enforcement Homeland Security Investigations launched [Operation Stolen Promise](#) to combat COVID-19 related fraud and other criminal activity.
  - On **April 20**, Immigration and Customs Enforcement Homeland Security Investigations, with assistance from Customs and Border Protection Field Intelligence Group, seized 5,300 potentially fraudulent COVID 19 test kits.
- On **April 9**, the [U.S Department of Education announced](#) more than \$6 billion from the CARES Act will be distributed to colleges and universities to provide direct emergency cash grants to college students whose lives and educations have been disrupted by the coronavirus outbreak.
  - On April 21, the Department of Education is planning to announce an additional \$6.28 billion in funding for institutions to cover costs associated with significant changes to the delivery of instruction due to COVID-19.
- On **April 3**, President Trump issued “[Memorandum on Allocating Certain Scarce or Threatened Health and Medical Resources to Domestic Use](#)” directing DHS and FEMA, in consultation with the HHS, to use the Defense Production Act to keep scarce medical resources within the United States for domestic use. CBP is assisting FEMA in temporarily detaining export shipments of PPE.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.

# Coronavirus (COVID-19) Pandemic: Daily Briefing Points Supplemental

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Monday, April 27, 2020

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## Regional Response

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### Region II

#### Metro New York/New Jersey

- Total medical supplies and equipment ordered or provided to New York include 14.5 million N95 respirators, 3 million surgical masks, 484,682 face shields, 313,810 surgical gowns, 289,820 coveralls, 5.6 million gloves, and 4,540 ventilators.
  - New York State has a sufficient ventilator supply at this time. Governor Cuomo has sent ventilators to Michigan (100), New Jersey (100), Massachusetts (400) and Maryland (50).
- Medical supplies and equipment ordered or provided to the State of New Jersey include 4 million N95 respirators, 1.6 million surgical masks, 265,143 face shields, 170,535 surgical gowns, 133,888 coveralls, 8.7 million gloves, 1,550 ventilators and 1,000 federal medical station beds.
- As of April 26, FEMA has obligated more than \$1.02 billion in federal support to the state of New York and \$365 million in federal support to the state of New Jersey.
- FEMA issued a Mission Assignment to the U.S. Army Corps of Engineers (USACE) to support design and build out of alternative medical facilities in New York and New Jersey.
  - The Jacob Javits Center is operational with a maximum capacity of 2,148 beds and has cared for more than 1,000 patients.
  - The USACE buildout of three New York state priorities for alternate care facility conversions at State University (SUNY) Stony Brook, SUNY Old Westbury, and the Westchester Community Center have been completed. These sites, including all staffing, equipment and wrap around services, will be managed by the State.
  - Four FMS are being utilized to establish temporary medical facilities at three New Jersey locations: Secaucus, Edison FMS and Atlantic City.
- The USNS Comfort completed its mission in New York City. The hospital ship arrived on March 30 to relieve strains on local hospital systems. The ship cared for 182 patients.
- More than 1,200 Department of Defense (DOD) medical staff, including six Urban Augmentation Medical Task Forces (UAMTF) are supporting New York by:
  - Providing medical support for the Javits Center and USNS Comfort alternate care sites.
  - Supplementing medical staff at 10 hospitals throughout the five boroughs.
- Three UAMTFs made up of 255 medical personnel are supporting five sites in New Jersey: the Alternate Care Facility in Edison, Newark University Hospital, Salem Hospital, JFK Medical Center, and the Alternate Care Facility in Atlantic City.



## DAILY BRIEFING POINTS SUPPLEMENTAL: REGIONAL RESPONSE

- New York State medical surge support includes 85,000 surge volunteers, 24,600 mental health workers and more than 200 NY National Guard members.
  - NYSDOH hired an additional 7,000 health care workers.
- New York Governor Cuomo announced that the state would allow elective outpatient treatment in hospitals around the state if they meet specific criteria including the number of available beds and the number of COVID-19 hospitalizations in that facility.
- At New York State's request, FEMA issued a \$6 million mission assignment to HHS to provide round the clock medical staff to care for non-critical patients in the state.
- FEMA contracted 525 ambulances and 1,190 emergency personnel from across the country to support New York and New Jersey. They were contracted to supplement the state medical transportation and support capabilities. The units include Advanced Life Support and Basic Life Support ambulances, and medical/support personnel necessary to operate.
  - 350 ambulances and 790 emergency personnel began arriving in New York on March 30, are providing interfacility transfer throughout the most impacted areas. To date, they have responded to more than 10,000 calls to 9-1-1 and transferred more than 4,800 patients to hospitals and alternate care facilities.
  - 175 ambulances and 400 emergency personnel began arriving in New Jersey on April 11 and are providing interfacility transfers in Hudson, Passaic, Bergen, Essex, Union, Middlesex, Ocean and Mercer counties. To date, they have responded to more than 3,900 calls to 9-1-1 and transferred more than 1,400 patients to hospitals and alternate care facilities.
- The city is operating temporary morgue facilities across the New York City. One Disaster Portable Morgue Unit (DPMU) unit is operating out of the Brooklyn Marine Terminal.
- New York National Guard, DoD and HHS have arrived and are supporting mortuary operations.
  - 50 DoD and 43 HHS personnel are supplementing local mortuary capacity.
  - 250 New York National Guard personnel are supporting collection and transport operations.
- Eighty-five refrigerated storage units have arrived and are being pre-staged on Randall's Island. As needed, the units are pushed to location identified by city officials.
- New Jersey is operating two temporary morgue facilities at centralized location. Seven of 20 storage units requested by the state have arrived.
- FEMA issued a \$350 million Mission Assignment to the U.S. Army Corps of Engineers for construction of additional alternate care facilities in New York.

## Region III

### Washington D.C. Metro Area (Washington, D.C., Maryland and Virginia)

- As of April 26, FEMA has obligated more than \$54.9 million in federal support for the state of Maryland, more than \$200 million to the state of Virginia, and more than \$60.7 million to the District of Columbia.
- FEMA delivered a 250-bed Federal Medical Station package to the state of Maryland.
  - Maryland National Guard deployed the FMS package to establish an alternate care site at the Baltimore Convention Center to increase state hospital capacity.

## DAILY BRIEFING POINTS SUPPLEMENTAL: REGIONAL RESPONSE

- An additional 50 bed Federal Medical Station is allocated for the Metro DC area.
- As of April 25, one Battelle N95 decontamination unit is operational in Baltimore, Maryland.
- On April 23, one Battelle N95 decontamination unit was shipped to Washington, DC. It is expected to be operational by April 28.
- On April 8, FEMA obligated \$55 million for USACE assessment and construction of medical surge support alternate care facilities for the District of Columbia.
  - USACE awarded a contract for an alternate care facility at Hagerstown Correctional Facility in Hagerstown, MD. The State took over construction operations on April 24.
  - USACE awarded contracts for two alternate care facilities in the District of Columbia at United Medical Center and the Walter Washington Convention Center. The United Medical Center facility completed construction on April 22.

## Region V

### State of Illinois and the City of Chicago

- Medical supplies and equipment delivered to the State of Illinois from FEMA, HHS, and donations include more than 3.8 million N95 respirators, more than 1.5 million surgical masks, 260,330 face shields, 223,320 million surgical gowns, 7,622 coveralls, and more than 1.2 million gloves.
- As of April 26, FEMA has obligated \$262 million in federal support for the state of Illinois for the response to COVID-19.
- Through a collaborative engagement between FEMA, HHS, USACE, DOD personnel and state & city planners, FEMA has already committed more than \$125 million in federal funding for the design and build out of four alternate care sites in the Chicagoland area, to help ensure surge capacity is available for residents to continue to get the best healthcare possible.
  - The 3,000-bed ACS at McCormick Place Convention Center is currently operational.
  - The sites at Sherman Hospital in Elgin (est. 280 bed capacity) and Metro South Hospital in Blue Island (est. 300 bed capacity) were completed and turned over to the state.
  - The Westlake Hospital site in Melrose Park (est. 435 bed capacity) was completed and turned over the state on April 25.
- One Battelle N95 decontamination unit is operational in Waukegan, Illinois, and another is pending delivery to Chicago.

### State of Michigan

- Medical supplies and equipment delivered to the State of Michigan from FEMA, HHS, and donations include 2.1 million N95 respirators, 740,018 million surgical masks, 308,671 face shields, 121,703 surgical gowns, 3,888 coveralls, and 718,930 gloves.
- As of April 26, FEMA has obligated more than \$246 million to the state of Michigan.
- As of April 26, FEMA and HHS delivered 700 ventilators and 500 federal medical station beds from the Strategic National Stockpile to Michigan.
- FEMA has committed \$31 million in federal funding for the planning, design and build out of two alternate care sites in Michigan:



## DAILY BRIEFING POINTS SUPPLEMENTAL: REGIONAL RESPONSE

- A 1,000-bed ACF at the TCF Convention Center in Detroit is operational.
- A second 250-bed alternative care facility at Suburban Collection Showplace in Novi, Michigan is open.

## Region VI

### State of Louisiana and the City of New Orleans

- As of April 26, FEMA has obligated \$139 million in federal support for the state of Louisiana, including \$55.7 million to the state to reimburse costs related to the COVID-19 response.
- Eleven Community Based Testing Sites are open and operational in New Orleans.
- An epidemiology team from the Centers for Disease Control and Prevention (CDC) arrived at the Louisiana Emergency Operations Center on March 26.
- Additional support being sent to the state to increase state hospital capacity includes two 250-bed Federal Medical Stations and USACE support for assessment and evaluation of alternative care facilities.
- As of April 21, the Ernest N. Morial Convention Center in New Orleans has seen 156 patients. Additional DoD personnel supporting Baton Rouge General Medical Center have seen 84 patients.
- 350 ventilators have been provided to the state.

### State of Texas

- As of April 26, FEMA has obligated \$378 million in federal support for the state of Texas, including \$66.6 million to the state to reimburse costs related to the COVID-19 response.

## Region IX

### State of California

- Medical supplies and equipment delivered to the State of California include 2.2 million N95 respirators, 3.8 million surgical masks, 504,442 face shields, 416,017 surgical gowns, 7,007 coveralls, and 1.8 million gloves.
- As of April 26, FEMA had obligated more than \$1.08 billion in federal support for the state of California, including \$617.7 million to the state to reimburse costs related to the COVID-19 response.
- USACE continues assessment of eight state-selected facilities to develop large-scale, supplemental hospital space as the state works to expand existing hospital capacity by up to 50,000 beds.
  - Out of the assessed facilities, USACE completed an alternate care facility at the Porterville Development Center in Porterville, CA.
  - The first of eight Federal Medical Stations initiated operations on March 29.
- Federal and state partners are working to convert the Craneway Pavilion into a 250-bed federal medical station.
- Two Battelle N95 decontamination units have been approved for California. One is operational

## DAILY BRIEFING POINTS SUPPLEMENTAL: REGIONAL RESPONSE

in Burbank and the second will be set up in Fairfield.

- FEMA approved the state of California's emergency feeding program, Restaurants Deliver: Home Meals for Seniors. The initiative leverages restaurants struggling to maintain business to deliver meals to at-risk seniors over 65 years of age.
- The USNS Mercy hospital ship is operational and receiving patients in Los Angeles. It has seen 71 patients and has 250 staffed hospital beds available to help relieve strains on local hospital systems.
  - Starting April 20, USNS Mercy will provide medical personnel support for 100 beds in a local facility and support 250 non-COVID beds aboard the ship.
- 170 ventilators from the Strategic National Stockpile were delivered to Los Angeles county.
- Through California's Emergency Management Assistance Compact, the state has loaned 500 ventilators to six states and the District of Columbia.
- The state is working on shelter space for at-risk population by providing over 11,000 hotel/motel rooms and 1,126 trailers deployed to Santa Clara, Los Angeles, and Sacramento counties. There are 12,156 units secured with 4,257 units currently occupied.
- FEMA completed the sale of 105 travel trailers to the state to support a State COVID-19 housing initiative for impacted individuals.
- On April 13, California Governor Newsom, Washington Governor Inslee and Oregon Governor Brown announced a Western States Pact to work on a shared approach for reopening their economies and controlling COVID-19.

### State of Nevada

- As of April 26, FEMA has obligated \$43.8 million in federal support for the state of Nevada.

## Region X

### State of Alaska

- Medical supplies and equipment delivered to the State of Alaska include 74,114 N95 masks, 176,063 surgical masks, 68,605 face shields, 41,542 surgical gowns, 1,791 coveralls, 286,252 gloves and 60 ventilators.
- As of April 26, FEMA has obligated \$9.8 million in federal support for the state of Alaska.
- USACE completed construction of an alternate care site at Alaska Airlines Center. Activation date is to be determined.
- On April 21, Alaska Governor Dunleavy announced Phase One of the State's approach to reopening segments of the Alaskan economy starting on April 24.

### State of Idaho

- Medical supplies and equipment delivered to the State of Idaho include 90,610 N-95 respirator masks, 215,357 surgical masks, 44,887 face shields, 36,842 surgical gowns, 223,974 gloves and 1,823 coveralls.
- As of April 19, the state of Idaho has released 300 FMS beds back to HHS for redeployment to meet other needs. Fifty were redeployed to New Mexico, 250 were redeployed to Colorado.

## DAILY BRIEFING POINTS SUPPLEMENTAL: REGIONAL RESPONSE

- As of April 26, FEMA has obligated \$598,972 in federal support for the state of Idaho.
- On April 22, a Community Based Testing Site 2.0 began conducting tests at a Rite Aid in Meridian, ID. discussions continue on potential deployment of additional CBTS 2.0.
- One Battelle Critical Care Decontamination System is being prepared for shipment to Idaho National Laboratory in Idaho Falls.
- On April 14, Governor Little announced the four phases of reopening the economy.

### State of Oregon

- Medical supplies and equipment delivered to the State of Oregon include 357,920 N95 respirator masks, 319,101 surgical masks, 130,643 face shields, 138,898 surgical gowns, 3,630 coveralls, and 596,724 gloves.
- As of April 26, FEMA has obligated \$63 million in federal support for the state of Oregon.
- As of April 17, a 50-bed federal medical site was redeployed to New Mexico
- The 45-bed alternate care site at the VA clinic in Eugene is anticipated to be done May 13.
- On April 13, Governor Brown announced that the state will provide \$8 million to the Oregon Food Bank to meet urgent food assistance needs.
- On April 13, Oregon Governor Brown, Washington Governor Inslee and California Governor Newsom announced a Western States Pact to work on a shared approach for reopening their economies and controlling COVID-19.
- On April 14, Governor Brown announced the “Framework for Reopening Oregon.”

### State of Washington

- Medical supplies and equipment delivered to the State of Washington include 1 million N95 respirator masks, 841,348 surgical masks, 126,201 face shields, 3,772 coveralls, 167,225 gowns, and 500 ventilators.
- As of April 26, FEMA has obligated \$93 million in federal support for the state of Washington.
  - The state has returned 427 ventilators to the SNS to support other states.
- Field hospital/alternate medical facility support for the COVID-19 response in Washington includes:
  - As of April 19, a 250-bed federal medical station was redeployed to New Mexico
  - As of April 15, two 50-bed federal medical stations are available for redeployment.
  - As of April 15, USACE has completed 19 alternate care site assessments.
  - On April 15, the CenturyLink Event Center field hospital closed.
  - On April 14, the alternate care site at Astria Regional Medical Center in Yakima closed.
  - On April 3, USACE conducted an assessment for the Makah Tribe; an assessment request is pending from Confederated Tribes of the Colville Reservation.
- On April 13, Washington Governor Inslee, Oregon Governor Brown and California Governor Newsom announced a Western States Pact to work on a shared approach for reopening their economies and controlling COVID-19.
- On April 21, Washington Governor Inslee announced the state’s COVID-19 Recovery Plan.



# **TTS Centers of Excellence**

## **Principal's Meeting**

### **April 29, 2020**

### COVID-19 Support

- **FAQ Site** - COE team supported by 18F, Cloud.gov and Search.gov launched a cross-agency FAQ site for the Task Force. This site provides an authoritative source of FAQs across multiple agencies involved in COVID-19 response including CDC, DHS, FEMA, SBA and Treasury.
- **SBA Lender Portal** - The portal is leveraging Login.gov for authentication of +35K lenders participating in the Paycheck Protection Program.
- **Technology Analysis Team** - Members of the PIF team are supporting the Task Force by filtering inbound offers/ideas from tech industry. The goal is to increase the odds that the right idea finds the right person in the right agency for consideration. Approximately 60 offers have been evaluated to date..
- **Telehealth.gov** - PIF supported Task Force and HHS to launch a new site to provide clarity to health care providers on what's in the recent legislation regarding long distance clinical health care.
- **JAIC PPE** - COE team is supporting JAIC's Project Salus to provide a Visual Mapping interface to the supply chain of masks, ventilators, etc.
- **Emergency Support Function 15** - USAGov team continues update web and social media content per DHS ESF-15 guidance, and to provide specific coronavirus updates on website pages.



### COVID-19 Additional Proposals

- **Contact Center** - Build out a cross-agency Contact Center leveraging FAQ website for the Task Force. The Contact Center (hosted by HHS or FEMA) will provide citizens an Integrated Covid-19 Level-1 response across CDC, DHS, FEMA, SBA and Treasury and other agencies.
- **State & Local Support** - Provide Login (authentication) and Federalist (accelerated website standup) services to State & Local government offices. Work with OMB and GSA-IT to establish necessary authorities and limitations to these services.
- **Login.gov Federal** - Utilize Login.gov for citizen authentication and proofing - in particular for the disbursement of CARES Act stimulus funds - thereby minimizing fraud.



# Appendix



## TECHNOLOGY TRANSFORMATION SERVICES

### COE Summary

#### CURRENT AGENCY ENGAGEMENTS

**USDA** - Ask USDA Consolidation on-track for 7/31 completion. Groups 1 and 2 complete. Group 3 of 3 in-process..

**HUD** - Phase II agreements have been approved by HUD Attorneys. HUD OCPO approval pending. CX and Cloud targeting early May Phase 2 start.

**OPM** - Mainframe implementation on track. FACES and Contact Center projects under evaluation.

**JAIC** - Phase II Part B IAA executed. Phase 2 begins week of 4/13.

**DOL** - CoE SOW developed and under evaluation by DoL. DoL also pursuing funding for Phase 2.

**GAO** - CoE. RFI for Security Operations Center issued and responses due 4/13.

**CMS** - AI in DeReg solicitation released on 4/13 and is due 4/20.

**NIH-CHD**: NIH component kicked off on 4/1. CoE resources engaged and staffing will be complete by 5/11.

**COVID-19**: FAQ website launched. Continuing to receive CDC, FEMA, Treasury content. Additional content expected from SBA, DoL, VA, and USDA.

**U.S. Food & Drug Administration (FDA)** - Data & Analytics, Infrastructure Optimization, Cloud Adoption, and organizational transformation

#### POTENTIAL AGENCIES

**Navy** - Infrastructure Optimization, Cloud Adoption, Data Analytics

**Commerce** - On Hold pending internal Commerce decision on specific AI initiatives.

#### COMPLETED AGENCY ENGAGEMENTS

**CPSC** - Delivered final Data Strategy work products on 2/12; CPSC moving forward with implementation of recommendations with industry partner; (Previously reported)



# Major FY20 Outcomes

## Customer Experience

- Implement **OneUSDA** state-of-the-art Contact Center consolidating 35 contact centers, streamlining over 900K contacts annually to significantly improving call resolution times and farmer/public experiences.
- Stand up **HUDCentral** platform with Customer Experience Officer to streamline public experience for HUD services, reducing expenses by \$34m in FY23
- Implement new portals for **Children's Health Insurance Program (CMS)** improving federal and state user experiences through a 50% reduction in time required to submit data.
- Stand up new **Substance Abuse** treatment site finder website that is projected to reach over 5m people annually.
- Establish **Veterans Experience** Office with roadmap and tools to drive better Veteran experience

## Infrastructure / Operating Efficiency

- Upgrade and re-architect **OPM Infrastructure** to improve resiliency and facilitate modernization and separation of Background Investigation data
- Implement **HUD Executive Insights** Financial Dashboard available to +8K employees to monitor and improve mission effectiveness in managing \$44B budget
- Modernize **OPM Retirement System** supporting 2.6m retirees with a single business rules management system to automate manual retirement calculations
- Assist in the establishment of the **GAO Innovation** lab platforms to enable improved data analysis and experiments
- Improve State Medicaid (over \$5B / year) funding request evaluation process for **CMS** - leveraging a common shared platform and reducing evaluation time by 50%

## Artificial Intelligence

- Stand up **JAIC Joint Common Foundation** with key capabilities - e.g., DevSecOps environment, streamlined acquisition process - to enable scaling of AI across DoD
- Establish cross-agency community that leverages JAIC developed **Human Assistance / Disaster Recovery** AI platform for US First Responders
- Build AI capabilities to enable **de-regulation** across multiple agencies - starting with CMS as a anchor agency.
- Leverage HUD as the anchor tenant to build out **Forms.gov** as a core shared platform that utilizes AI/ML tools to streamline forms entry processes cross government
- Build **AI Executive Guide / Playbook**
- Create reusable **AI use case** library

# Major FY20 Outcomes

## Scale FedRAMP

- Utilize **OSCAL to automate** data controls for FedRAMP authorization. This streamlines the authorization and annual continuous monitoring processes
- Increase **agency training** by 50% on FedRAMP processes
- Conduct **risk-based prioritization** of controls allowing for earlier authorization of lower risk cloud service platforms
- The above and other actions should result in:
  - **50% increase** in Cloud Service Platforms authorized
  - **50% increase** in agency re-use
  - **10% reduction** in authorization timelines

## Government-wide programs

- Grow **Login.gov** usage to 26+ million users and conduct Identity Proofing pilots with 6+ agencies
- Increase agency usage of **Cloud.gov** platform by 20% to 62+ enabling those agencies to accelerate their modernization initiatives
- Establish upgraded **US Web Design Standards to support IDEA act**. Increase usage in federal websites by 25%
- Support **Federal Data Strategy** by improving data sharing across agencies and establishing [resoucrs.data.gov](https://resoucrs.data.gov) platform
- Increase influence of **10X innovation** program - over 580+ ideas from 80 agencies- resulting in 3 - 4 governwide applications

## Future Casting

- Develop **Identity strategy** across government that leverages common platforms for authentication, proofing and data sharing with private industry with the goal of improving digital adoption of government services
- Develop the **roadmap for federal technology** with a citizen centric view with implications for near-term actions, organization, shared capabilities, governance and required authorities

## **The President's Coronavirus Guidelines for America**

### **15 Days to Slow the Spread**

1. Listen to and follow the directions of your state and local authorities.
2. If you feel sick, stay home. Do not go to work. Contact your medical provider.
3. If your children are sick, keep them at home. Do not send them to school. Contact your medical provider.
4. If someone in your household has tested positive for the coronavirus, keep the entire household at home. Do not go to work. Do not go to school. Contact your medical provider.
5. If you are an older person, stay home and away from other people.
6. If you are a person with a serious underlying health condition that can put you at increased risk (for example, a condition that impairs your lung or heart function or weakens your immune system), stay home and away from other people.
7. Even if you are young, or otherwise healthy, you are at risk and your activities can increase the risk for others. It is critical that you do your part to stop the spread of the coronavirus:
  - Work or engage in schooling from home whenever possible.
  - If you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule. You and your employers should follow CDC guidance to protect your health at work.
  - Avoid social gatherings in groups of more than 10 people.
  - Avoid eating or drinking in bars, restaurants, and food courts – use drive-thru, pickup, or delivery options.
  - Avoid discretionary travel, shopping trips, and social visits.
  - Do not visit nursing homes or retirement or long-term care facilities unless to provide critical assistance.
  - Practice good hygiene:
    - Wash your hands, especially after touching any frequently used item or surface.
    - Avoid touching your face.

- Sneeze or cough into a tissue, or the inside of your elbow.
- Disinfect frequently used items and surfaces as much as possible.

\* School operations can accelerate the spread of the coronavirus. Governors of states with evidence of community transmission should close schools in affected and surrounding areas. Governors should close schools in communities that are near areas of community transmission, even if those areas are in neighboring states. In addition, state and local officials should close schools where coronavirus has been identified in the population associated with the school. States and localities that close schools need to address childcare needs of critical responders, as well as the nutritional needs of children.

\*\* Older people are particularly at risk from the coronavirus. All states should follow Federal guidance and halt social visits to nursing homes and retirement and long-term care facilities.

\*\*\* In states with evidence of community transmission, bars, restaurants, food courts, gyms, and other indoor and outdoor venues where groups of people congregate should be closed.